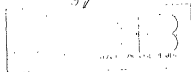


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Hill-Burton state plan data

**a national summary
as of january 1, 1968**

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Public Health Service

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Health Facilities Planning and Construction Service

Program Planning and Analysis Branch

Rockville, Maryland 20852

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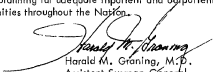
foreword

The Hill-Burton State Plans have mirrored the health facility needs of the country since the inception of the program in 1946. These Plans, which present an inventory and physical evaluation of existing non-Federal health care facilities, serve as a basis for an assessment of the changing health delivery system and the development of a comprehensive program for providing adequate hospital, clinic, and related services to the people of each State.

The national and State data included in this edition of the annual summary of the Hill-Burton State Plan statistics depict the situation as of January 1, 1968, and, within the limits imposed by program changes in definitions, trends since 1948 when the first Plans were summarized. These data reflect relatively recent changes in the methodology of determining beds needed and the revisions in techniques for uniformly evaluating the physical hospital plant.

While many of the staff of the Office of Program Planning and Analysis of the Health Facilities Planning and Construction Service contributed toward this publication, Miss Anna Moe Baney and Miss Katherine L. Manus had primary responsibility for its preparation.

We hope that this report will be useful to the many individuals and agencies involved in comprehensive planning for adequate inpatient and outpatient health facilities for communities throughout the Nation.



Harold M. Gruning, M.D.
Assistant Surgeon General
Director, Health Facilities Planning
and Construction Service



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glossary of selected terms

Total Existing Facilities and Beds

Represents non-Federal facilities inventoried by the Hill-Burton State Agencies.

Includes facilities and beds which have been approved and/or scheduled for construction.

Excludes (1) mental health facilities including psychiatric beds in general hospitals; (2) special facilities for closed population groups such as infirmaries in colleges, prisons, or industrial plants; and (3) facilities which furnish primarily domiciliary care.

Conforming and Nonconforming Beds

On the basis of a plant evaluation survey of each facility, Hill-Burton State Agencies classify beds as conforming or nonconforming to certain minimum Federal standards relating to construction and patient safety.

Total Beds Needed

The number of beds needed is estimated by the Hill-Burton State Agencies on the basis of three factors -- population, projected for five years; utilization experience; and an optimum occupancy factor.

To Be Added

Represents the total number of facilities and beds programed to be added to meet the needs of the various service areas within a State. While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds plus those to be added may exceed the total estimated need.

To Be Modernized

Represents the number of nonconforming facilities and beds which have been programed for modernization or replacement.

NOTE: For more details see "Definitions and Explanatory Notes" in Appendix I.

**national
highlights**

INPATIENT CARE BEDS

Total Existing Beds

| | |
|----------------------------|---------|
| General hospitals | 812,574 |
| Long-term care facilities† | 723,071 |
| Tuberculosis facilities | 41,673 |

Conforming Beds

| | |
|----------------------------|---------|
| General hospitals | 547,422 |
| Long-term care facilities† | 486,868 |
| Tuberculosis facilities | 28,420 |

Total Beds Needed

| | |
|----------------------------|---------|
| General hospitals | 866,332 |
| Long-term care facilities† | 851,013 |
| Tuberculosis facilities | 35,412 |

Beds to be Added 252,113

| | |
|----------------------------|---------|
| General hospitals | 85,007 |
| Long-term care facilities† | 165,430 |
| Tuberculosis facilities | 1,676 |

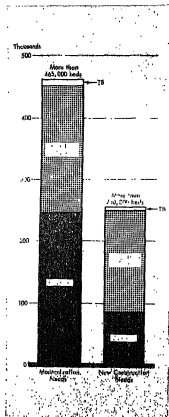
Beds to be Modernized ‡ 466,121

| | |
|----------------------------|---------|
| General hospitals | 240,624 |
| Long-term care facilities† | 214,506 |
| Tuberculosis facilities | 10,991 |

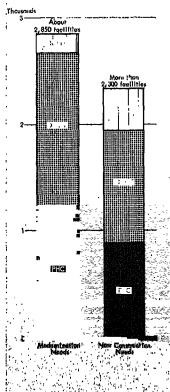
* Data on non-Federal facilities are compiled from Hill-Burton State Plans as of January 1, 1968.

† Includes skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals.

‡ Represents beds to be modernized or replaced.



OUTPATIENT CARE FACILITIES



Existing Facilities

| | |
|---------------------------------|-------|
| Public Health Centers | 3,234 |
| Primary | 1,950 |
| Auxiliary | 1,284 |
| Diagnostic or Treatment Centers | 4,840 |
| Hospital Units | 4,433 |
| Independent Facilities | 407 |
| Rehabilitation Facilities | 878 |
| Hospital Units | 529 |
| Independent Facilities | 349 |

Total Facilities Needed

| | |
|---------------------------------|-------|
| Public Health Centers | 4,067 |
| Primary | 2,338 |
| Auxiliary | 1,729 |
| Diagnostic or Treatment Centers | 5,657 |
| Rehabilitation Facilities | 1,250 |

Facilities to be Added

| | |
|---------------------------------|-------|
| Public Health Centers | 883 |
| Primary | 463 |
| Auxiliary | 420 |
| Diagnostic or Treatment Centers | 1,060 |
| Rehabilitation Facilities | 388 |

Facilities to be Modernized

| | |
|---------------------------------|-------|
| Public Health Centers | 1,236 |
| Primary | 659 |
| Auxiliary | 577 |
| Diagnostic or Treatment Centers | 1,436 |
| Rehabilitation Facilities | 177 |

Table 1. INPATIENT AND OUTPATIENT FACILITIES ^{1/}; Existing and Needed,
United States and Territories, January 1, 1968

| Category | Number Existing | | | Total Needed ^{3/} | To Be Added | To Be Modernized |
|---|----------------------|--------------------------|-----------------------------|-------------------------------|----------------|---------------------|
| | Total | Conforming ^{2/} | Nonconforming ^{2/} | | | |
| | Number of Facilities | | | | | |
| General hospitals | 6,589 | xx | xx | 5,877 | 103 | 3,101 |
| Long-term care facilities ^{4/} | 12,260 | xx | xx | 12,835 | 1,906 | 4,541 |
| Tuberculosis facilities | 280 | xx | xx | 261 | - | 109 |
| Public health centers, total | 3,234 | 1,902 | 1,332 | 4,067 | 883 | 1,236 |
| Primary | 1,930 | 1,194 | 756 | 2,338 | 463 | 639 |
| Auxiliary | 1,284 | 708 | 576 | 1,729 | 420 | 577 |
| Diagnostic or treatment centers | 4,840 | 3,217 | 1,623 | 5,657 | 1,060 | 1,436 |
| Rehabilitation facilities | 878 | 695 | 183 | 1,250 | 388 | 177 |
| | Number of Beds | | | | | |
| General hospitals | 812,574 | 547,422 | 265,152 | 866,332 | 85,007 | 240,624 |
| Long-term care facilities ^{4/} | 725,071 | 486,868 | 236,203 | 851,013 | 165,430 | 214,506 |
| Tuberculosis facilities | 41,673 | 28,420 | 13,253 | 36,412 | 1,676 | 10,991 |

^{1/} Excludes Federal facilities.

^{2/} Represents classification by the Hill-Burton State Agencies as conforming or nonconforming to minimum Federal standards relating to construction and patient safety.

^{3/} Represents the total number of facilities and beds needed over the next five years as estimated by the Hill-Burton State Agencies. Bed need based on three factors: utilization experience; population, projected five years; and on optimum occupancy rate.

^{4/} Includes skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals.

NOTE: While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds and facilities plus those to be added may exceed the total estimated need.

the hill-burton program

A BACKDROP

Nearly one-half the Nation's non-Federal general hospitals and more than one-third of the long-term care facilities need to be modernized or replaced, according to the Hill-Burton State Plans of January 1, 1968. Approximately \$11 billion would be required to achieve this objective, which would result in the modernization of general hospitals and long-term care facilities accounting for more than 465,000 beds, 1,236 public health centers, 1,436 diagnostic or treatment centers, and 177 rehabilitation facilities.

Another \$6 billion would be necessary to provide for the new construction still needed in some areas of the country to keep abreast of population increases. Some 100 new general hospitals will be required, plus additions to many existing facilities, to provide communities with 85,000 additional acute-care beds, more than 165,000 long-term care beds, 883 public health centers, 1,060 diagnostic or treatment centers, and 388 rehabilitation centers for which a need still exists.

The dimensions of this problem -- and the need for adherence to priorities and careful determinations of essentiality -- can be measured, to some degree, against past accomplishments and the resources available.

While data presented elsewhere in this publication reflect statistics compiled as of January 1, 1968, current program reports show that as of September 30, 1969, some 10,239 projects have been aided since the inception of Hill-Burton in 1946. These projects have provided nearly 447,000 inpatient care beds in hospitals and nursing homes and assisted 2,900 outpatient facilities. Some \$3 billion in Hill-Burton funds have been matched by approximately \$8.1 billion in State and local funds, for a total construction cost of almost \$11.5 billion.

As a result of activities emanating from Hill-Burton, nearly 3,800 communities have been stimulated to provide better health care. Both new construction and remodeling of facilities have been eligible for Hill-Burton aid over the years, but the emphasis has varied as the program's interaction with a changing society has led to a reevaluation of goals and objectives. Many of the new facilities built with Hill-Burton aid in the early days were desperately needed because no

hospital existed within reach of critically ill patients. The original thrust of the program was to fill this gap. Today, the priority has been shifted to the modernization of obsolete facilities to keep pace with advances in knowledge and technology and to help solve the health care crisis in urban communities.

Yet despite the flexibility which has characterized the program, the resources available have not been adequate to meet all needs. New solutions to match today's complex problems are being sought through legislative proposals and innovative procedures.

Legislative Background

Few hospitals were constructed in the United States during the depression years and World War II. For this reason, many hospitals became obsolete and there were manifest shortages in the number of hospital beds and other related health facilities and services when the war was ended. To identify and meet these deficiencies, Congress enacted the Hospital Survey and Construction Act (P.L. 725, 79th Congress) which was signed by the President on August 13, 1946. This Hill-Burton legislation set forth two major objectives: to survey needs and to assist local sponsors in all the States in the construction of public and other voluntary nonprofit hospitals and public health centers. As a result, each State undertook, for the first time, an orderly appraisal of its existing hospital and public health center resources and developed comprehensive State Plans for furnishing "adequate hospital, clinic, and similar services to all their people."

Several major amendments have been adopted since the original Hill-Burton legislation was enacted. In 1954, the Act was amended to assist the States in the construction of diagnostic or treatment centers, hospitals for the chronically ill, rehabilitation facilities, and nursing homes. On August 18, 1964, the President signed into law the Hospital and Medical Facilities Amendments (Hill-Harris) of 1964 (P.L. 88-443), extending and revising the Hill-Burton program to keep pace with emerging concepts of health facility need, construction, and operation. The most far-reaching change in the program was the establishment of a new grant program (beginning with fiscal year 1966) for modernization or replacement of public and voluntary nonprofit hospitals and other health facilities. While modernization had always been possible under Hill-Burton, and in fact more than half of all projects funded prior to fiscal 1966 had involved additions or alterations to existing facilities, this new provision made it possible, for the first time, to set aside funds exclusively for modernization or replacement purposes.

The Hill-Burton State Plans

The Hill-Burton State Plans, developed by the various State Agencies responsible for administering the program, are submitted to the Surgeon General of the Public Health Service for final approval. These Plans present a coordinated and comprehensive program for hospital and related health facility construction and modernization.

Each State Plan includes an inventory of all non-Federal inpatient and outpatient facilities exclusive of mental health facilities, institutions furnishing domiciliary care, and institutions not providing a community service. Inpatient facilities are reported according to the following major categories of services provided: general, long-term care (chronic disease and skilled nursing home beds), and tuberculosis. Facilities for outpatient care include public health centers, diagnostic or treatment centers, and rehabilitation facilities.

Prior to 1966, the Hill-Burton State Plans also included an inventory of mental hospitals. However, since the enactment of the Community Mental Health Centers Act (P.L. 89-105), such inventories are included in the State Plans developed under the Community Mental Health Centers program.

Since 1966, the State Plans reflect (1) a physical plant evaluation to determine modernization needs, (2) a uniform method of determining bed capacity, based on space requirements, and (3) a method of estimating bed need based on utilization experience, projected population, and a desirable occupancy. These changes, outlined below, were designed primarily to meet the requirements of the 1964 Hill-Harris amendments to the Hill-Burton legislation and, in the main, were the result of recommendations of the Surgeon General's Ad Hoc Committee to Review Hill-Burton Regulations, Policies, and Procedures.

- (1) Conforming and Nonconforming Facilities and Beds.--Since the beginning of the Hill-Burton program, States have been required to evaluate their health facilities and identify those beds which were nonacceptable or unsuitable for providing patient service. The only Federal criterion for such classification related to whether or not the facility constituted a public hazard. All other criteria were adopted by the States themselves. Consequently, there were wide variations in the factors selected by the individual States for determining the acceptability of facilities.

With the enactment of the 1964 Hill-Harris amendments, this situation changed. To determine modernization needs, minimum and uniform Federal standards were developed and put into effect for assessing the physical condition of each hospital. Facilities and inpatient beds are now reported in the State Plans as conforming or nonconforming to these minimum Federal standards. Hospital plant evaluations are conducted by teams assigned (or employed) by the State Hill-Burton Agencies, including such disciplines as an architect or engineer, a hospital administrator, or a licensing official. These teams are equipped with a series of uniform check-lists relating to A - fire resistivity of construction; B - safety standards relating to electrical and mechanical services, exit facilities, fire alarm systems, interior finishes, vertical shafts; C - design and structural factors affecting the function of patient care units, such as room size, width of corridors; and D - design and structural factors affecting the function of service departments, such as ventilation, location, and adequacy of space and equipment. In addition to these minimum Federal standards, States may also elect to develop and use additional standards for the physical evaluation of facilities. Such standards must relate only to structural and design factors which affect safety and efficiency of operation and must be submitted to and approved by the Public Health Service before being used in the State Plan.

- (2) **Bed Capacity.**--When criteria were established for determining conformity and nonconformity of facilities, a new basis was developed for measuring the bed capacity of hospital facilities. To assure uniformity in reporting facility capacity, existing beds are now counted on the basis of the following square footage minimums: 100 square feet for single bed rooms; 80 square feet per bed in multibed rooms; and 40 square feet per bassinnet in nurseries.
- (3) **Bed Need.**--At the beginning of the Hill-Burton program, practically all States adhered to bed/population ratios specified in the Act as upper limits or ceilings beyond which Hill-Burton funds would not be provided for construction. In time, these ratios became accepted as standards of adequacy. Over the years, however, it became more and more evident that the ceiling ratios were no longer realistic for all States in determining bed need. Many changes were taking

place -- in the incidence and prevalence of illness, in medical practice, in attitudes toward institutional care, and in the methods of paying for care. State Agencies, particularly in the more progressive States, as well as the administrators of the Hill-Burton program, recognized that the use of a specified bed/population ratio did not reflect the actual need in the States or differing need in different areas of States.

Hill-Burton requirements for determination of bed need have consequently undergone change. In lieu of the bed/population ratios of previous years, the Public Health Service has developed a formula for determining bed need which incorporates three basic factors: population, projected for five years; utilization data; and a desirable occupancy factor (general and tuberculosis hospitals, 80 percent; long-term care facilities, 90 percent). For general hospitals and long-term care facilities, 10 beds are added to the formula quotient, which has the effect of providing lower occupancy rates for areas needing relatively few beds. States wishing to use a different formula may do so, providing the three basic factors are incorporated and the formula is approved by the Surgeon General.

The Hill-Burton State Plan statistics presented in this report reflect, within the limits imposed in program changes in definitions, trends since the enactment of the program and State data for each category of facility currently inventoried.

NOTE: See Appendix I for "Definitions and Explanatory Notes."

**inpatient
care
facilities**

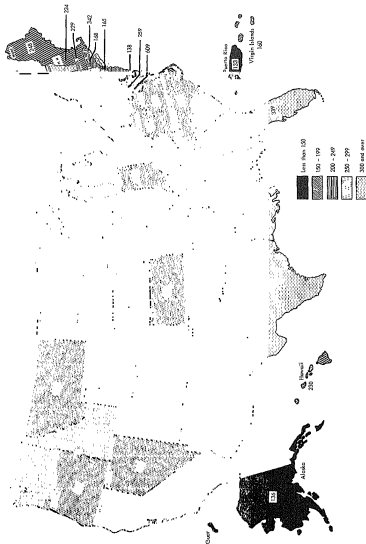
general hospital beds

Today's general hospitals, particularly those in metropolitan centers, are facing a major need for modernization or replacement in contrast to the early years of the Hill-Burton Program when there was a great shortage of hospital beds, primarily in rural areas. Nearly one-half of the Nation's 6,600 non-Federal general hospitals have been programed for modernization or replacement, according to the Hill-Burton State Plans as of January 1968. The need is crucial for the general hospital with its ever-increasing role as the focal point of community health and as the catalyst in the "sharing concept" among facilities, services, manpower, and equipment of the community.

In the United States, hospitals date to colonial days when efforts to care for the sick were incidental to shelter for the poor and unfortunate through the almshouses. Philadelphia General Hospital, considered by some to be the oldest hospital, traces its origin to the "Old Blackley" Hospital which was originally established as a public almshouse in 1732. The Pennsylvania Hospital, the first incorporated hospital, was established in Philadelphia in 1751 solely for the care of the physically and mentally ill without regard to economic status, race, or creed. In New York, Massachusetts, and Connecticut, other early hospitals grew out of a need to provide a place for clinical practice for medical schools. These hospitals were chiefly of voluntary sponsorship, other than church or public.

General hospitals range widely in size and services provided, depending upon location, persons to be served, and the availability of other health facilities and services. Generally, the small rural hospital is not able to have the variety of medical skills, costly equipment, and specialized facilities of the large urban hospital. For example, the 400-bed facility may consist of a number of wings, units, or separate buildings and may provide in addition to the usual services the following services or departments: cancer clinic, dental department, medical social service department, X-ray therapy, school of nursing, radioactive isotope facility, electroencephalograph, and a psychiatric unit. Moreover, general hospitals are increasingly providing extended or long-term care facilities, organized outpatient and rehabilitation services, and are developing closer relationships with local public health services and neighborhood health centers.

**Chart 1 - Conforming General Hospital Beds per 100,000
Population, by State - 1968**



Facilities Available and Needed

As of January 1, 1968, the Hill-Burton inventories reported 6,589 non-Federal general hospitals in the approximately 2,400 "service areas for planning" throughout the United States and Territories. These hospitals provide a total of 812,574 beds or an average of 414 beds per 100,000 population. For facilities reporting data, admissions or discharges numbered 28 million with 210.5 million patient days. (See Table 7, page 27, for State data.)

While the national ratio of conforming general hospital beds was 279 beds per 100,000 population, the bed/population ratio among the States ranges from a low of 136 beds per 100,000 in Alaska to 426 beds per 100,000 in Vermont (Chart 1).

A special tabulation as to the distribution of the non-Federal general hospitals and beds by type of ownership reveals that in 1968 State and local governmental hospitals represented about one-fourth of the facilities in this category -- 1,804 hospitals with 185,794 beds (Chart 2). Thus, three-fourths or 4,656 hospitals and 618,829 beds were under nongovernmental auspices, i.e., proprietary, church-related, and other voluntary nonprofit groups.

Approximately 265,000 beds, or one-third of the total, failed to conform to minimum Federal standards of construction and patient safety. As Table 6 (page 24) indicates, these nonconforming beds were evaluated as being in the following categories: A - fire resistivity of construction -- more than 53,000 beds or 20 percent; B - safety of construction relative to electrical and mechanical services -- more than 111,000 beds or 42 percent; C - design and structural factors affecting the function of patient care units -- 57,500 beds or 22 percent; and D - design and structural factors affecting the function of service department -- nearly 43,000 beds or 16 percent. (See Appendix II for "Hospital Plant Evaluation Forms.")

An estimated 5,877 hospitals were reported as needed over the next five years -- 712 fewer than the number presently in existence. However, the total beds estimated to be needed exceeded 866,300, as compared with the 812,500 total existing in 1968. That fewer facilities but a larger number of beds will be needed indicates that the Hill-Burton State Agencies are encouraging the consolidation or "phasing out" of smaller facilities so they can be replaced by larger new facilities. An additional 85,007 beds, or 39 beds per 100,000, will be required to alleviate current deficiencies or maldistribution, and for population growth. The extensive need for modernizing facilities is clearly demonstrated by estimates of existing beds which should be remodeled or replaced. All told, 240,624 beds in facilities having physical plant deficiencies have been programed for modernization or replacement. In bed count, New York reports the greatest number of beds to be modernized -- 26,629 beds -- followed closely by Pennsylvania with 21,805 beds.

Chart 2 – About Three Out of Four Civilian General Hospitals are Under Nongovernmental Auspices, United States, 1968

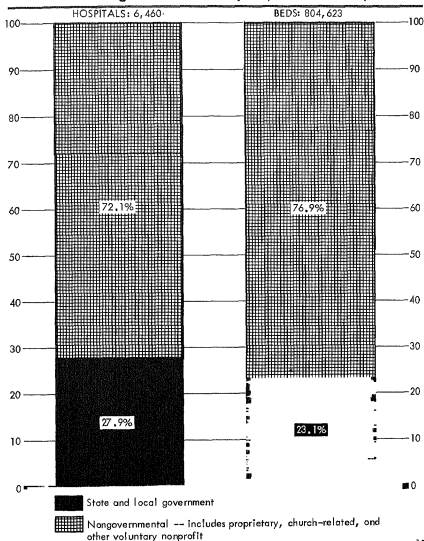


Table 2. GENERAL HOSPITAL BEDS: Existing and Needed,
United States and Territories, 1948 - 1968 ^{1/}

| Year (January 1) | Existing Beds | | Beds To Be Added and Modernized ^{2/} | Beds To Be Added | Beds To Be Modernized | Total Beds Needed |
|---------------------|---------------|--------------------------|---|------------------------|-----------------------------|-------------------------|
| | Total | Conforming ^{2/} | | | | |
| 1948 | 469,398 | 388,144 | 264,830 | xx | xx | 652,974 |
| 1949 | 474,532 | 397,168 | 255,443 | xx | xx | 652,611 |
| 1950 | 513,814 | 437,726 | 244,815 | xx | xx | 682,601 |
| 1951 | 548,776 | 462,170 | 231,701 | xx | xx | 700,952 |
| 1952 | 554,464 | 474,311 | 224,240 | xx | xx | 708,574 |
| 1953 | 572,555 | 495,247 | 219,242 | xx | xx | 714,469 |
| 1954 | 589,611 | 515,980 | 188,420 | xx | xx | 704,400 |
| 1955 | 601,241 | 526,458 | 193,543 | xx | xx | 720,001 |
| 1956 | 614,020 | 541,363 | 180,749 | xx | xx | 722,112 |
| 1957 | 620,922 | 547,473 | 179,926 | xx | xx | 727,399 |
| 1958 | 632,674 | 559,818 | 185,776 | xx | xx | 743,594 |
| 1959 | 653,082 | 587,318 | 174,292 | xx | xx | 761,610 |
| 1960 | 678,481 | 607,338 | 158,427 | xx | xx | 765,765 |
| 1961 | 694,696 | 619,666 | 158,415 | xx | xx | 778,081 |
| 1962 | 709,241 | 632,444 | 155,011 | xx | xx | 787,455 |
| 1963 | 729,514 | 649,041 | 132,936 | xx | xx | 781,977 |
| 1964 | 751,245 | 637,881 | 150,297 | xx | xx | 788,178 |
| 1965 | 766,793 | 655,032 | 134,398 | xx | xx | 787,511 |
| 1966 | 781,111 | 472,206 | 338,135 | 66,365 | 271,770 | 801,904 |
| 1967 | 796,140 | 503,934 | 338,493 | 75,505 | 262,988 | 833,931 |
| 1968 | 812,574 | 547,422 | 325,631 | 85,007 | 240,624 | 866,532 |

- ^{1/} Data for 1948-1965 are not directly comparable with 1966-1968 data which reflect procedures initiated subsequent to 1964 amendments to Hill-Burton legislation. These amendments authorized specific grants for modernization and eliminated the bed/population ratios for determining bed needs. New procedures which substantially affect current data are: (1) a uniform method of determining bed capacity, based on space requirements; (2) a physical plant evaluation to determine modernization needs; (3) a method of estimating bed need on the basis of utilization experience; population, projected five years; and an optimum occupancy factor (80 percent for general hospitals).
- ^{2/} Total existing beds for 1966-1968 have been classified by the State Agencies as conforming or nonconforming in accordance with minimum standards relating to construction and patient safety. (Data for 1948-1965 represent beds classified as "acceptable" by the State Agencies principally on the basis of fire and health hazards.)

NOTE: While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds plus those to be added may exceed the total estimated need.

Table 3. GENERAL HOSPITAL BEDS: Rates per 100,000 Population,
United States and Territories, 1948 - 1968 ^{1/}

| Year (January 1) | Rate per 100,000 Population ^{2/} | | | | |
|---------------------|---|--------------------------|-------------------------|----------------|-------------------------|
| | Existing Beds | | Beds To Be | | Total Beds Needed |
| | Total | Conforming ^{3/} | Added and Modernized | To Be Added | |
| 1948 | 339 | 281 | 191 | xx | 472 |
| 1949 | 340 | 284 | 183 | xx | 467 |
| 1950 | 350 | 299 | 167 | xx | 466 |
| 1951 | 369 | 315 | 156 | xx | 471 |
| 1952 | 365 | 313 | 154 | xx | 467 |
| 1953 | 374 | 323 | 143 | xx | 466 |
| 1954 | 381 | 334 | 122 | xx | 455 |
| 1955 | 379 | 332 | 122 | xx | 454 |
| 1956 | 379 | 335 | 112 | xx | 446 |
| 1957 | 378 | 333 | 110 | xx | 443 |
| 1958 | 376 | 333 | 110 | xx | 445 |
| 1959 | 382 | 343 | 102 | xx | 439 |
| 1960 | 389 | 348 | 91 | xx | 439 |
| 1961 | 392 | 350 | 89 | xx | 438 |
| 1962 | 394 | 351 | 86 | xx | 426 |
| 1963 | 397 | 353 | 72 | xx | 423 |
| 1964 | 403 | 342 | 81 | xx | 417 |
| 1965 | 406 | 346 | 71 | xx | 383 |
| 1966 | 407 | 246 | xx | 32 | 392 |
| 1967 | 409 | 259 | xx | 35 | 401 |
| 1968 | 414 | 279 | xx | 39 | |

^{1/} Data for 1948-1965 are not directly comparable with 1966-1968 data which reflect procedures initiated subsequent to 1964 amendments to Hill-Burton legislation. These amendments authorized specific grants for modernization and eliminated the bed/population ratios for determining bed needs. New procedures which substantially affect current data are: (1) a uniform method of determining bed capacity, based on space requirements; (2) a physical plant evaluation to determine modernization needs; (3) a method of estimating bed need on basis of utilization experience; population, projected five years; and an optimum occupancy factor (80 percent for general hospitals).

^{2/} Ratios of existing beds and beds to be modernized are based on July 1, 1966, civilian population; ratios of beds to be added and total beds needed are based on July 1, 1972, estimated population.

^{3/} Total existing beds for 1966-1968 have been classified by the State Agencies as conforming or nonconforming in accordance with minimum standards relating to construction and patient safety. (Data for 1948-1965 represent beds classified as "acceptable" by the State Agencies principally on the basis of fire and health hazards.)

Table 4. GENERAL HOSPITAL BEDS: Existing and Needed Facilities and Beds,
by State, January 1, 1968 — Continued

| State | Number of Facilities | | | Number of Beds $\sqrt{}$ | | | | | |
|----------------|----------------------|-----------------|----------------|--------------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total Existing | Total Needed | To Be Added | Total Existing | Conforming | Non- conforming | Total Needed | To Be Added | To Be Modernized |
| Maryland | 45 | 45 | - | 11,656 | 9,181 | 2,475 | 12,390 | 1,468 | 1,876 |
| Massachusetts | 132 | 132 | - | 25,155 | 12,237 | 12,918 | 27,011 | 2,758 | 12,085 |
| Michigan | 245 | 137 | - | 36,727 | 24,315 | 12,412 | 36,831 | 2,346 | 10,615 |
| Minnesota | 182 | 182 | 1 | 18,535 | 12,820 | 5,715 | 17,814 | 136 | 5,231 |
| Mississippi | 124 | 114 | 3 | 9,269 | 8,138 | 1,131 | 10,541 | 1,628 | 908 |
| Missouri | 169 | 153 | 6 | 19,934 | 12,396 | 7,538 | 21,674 | 2,263 | 7,066 |
| Montana | 64 | 65 | 1 | 3,424 | 1,593 | 1,831 | 3,554 | 289 | 1,672 |
| Nebraska | 113 | 109 | - | 6,983 | 4,614 | 2,369 | 6,492 | 93 | 1,890 |
| Nevada | 20 | 17 | - | 1,999 | 972 | 627 | 1,529 | 50 | 540 |
| New Hampshire | 30 | 28 | - | 2,658 | 1,578 | 1,080 | 2,983 | 398 | 1,007 |
| New Jersey | 104 | 108 | 4 | 23,095 | 11,317 | 11,778 | 25,648 | 2,553 | 11,778 |
| New Mexico | 48 | 46 | - | 3,329 | 2,572 | 757 | 3,473 | 365 | 679 |
| New York | 360 | 293 | 3 | 73,632 | 46,139 | 27,493 | 78,662 | 6,240 | 26,629 |
| North Carolina | 137 | 131 | 1 | 18,389 | 11,964 | 6,425 | 20,879 | 3,231 | 5,877 |
| North Dakota | 61 | 60 | - | 3,667 | 2,321 | 1,346 | 3,353 | 147 | 946 |
| Ohio | 216 | 213 | 4 | 40,265 | 31,001 | 9,264 | 44,058 | 4,425 | 8,880 |
| Oklahoma | 149 | 148 | 4 | 10,390 | 8,281 | 2,109 | 12,096 | 1,839 | 1,976 |
| Oregon | 86 | 79 | - | 7,546 | 4,803 | 2,743 | 6,937 | 54 | 2,208 |
| Pennsylvania | 262 | 230 | 1 | 52,932 | 29,700 | 23,232 | 53,818 | 2,417 | 21,805 |
| Rhode Island | 16 | 15 | - | 3,615 | 2,996 | 619 | 3,852 | 237 | 619 |

Table 4. GENERAL HOSPITAL BEDS: Existing and Needed Facilities and Beds,
by State, January 1, 1968 -- Continued

| State | Number of Facilities | | | Number of Beds $\sqrt{}$ | | | | |
|----------------|----------------------|-----------------|----------------|--------------------------|------------|--------------------|-----------------|---------------------|
| | Total Existing | Total Needed | To Be Added | Total Existing | Conforming | Non- conforming | Total Needed | To Be Modernized |
| South Carolina | 78 | 85 | 8 | 9,111 | 6,495 | 2,616 | 9,574 | 2,156 |
| South Dakota | 65 | 62 | 1 | 3,348 | 1,932 | 1,416 | 3,500 | 1,293 |
| Tennessee | 174 | 148 | 4 | 16,837 | 10,435 | 6,402 | 19,292 | 6,032 |
| Texas | 572 | 499 | 10 | 45,837 | 33,697 | 12,140 | 53,543 | 11,439 |
| Utah | 41 | 40 | 2 | 3,878 | 2,741 | 1,137 | 3,667 | 856 |
| Vermont | 20 | 14 | - | 2,262 | 1,727 | 535 | 2,123 | 379 |
| Virginia | 99 | 100 | 1 | 15,534 | 9,965 | 5,569 | 16,560 | 5,433 |
| Washington | 119 | 119 | - | 10,499 | 5,338 | 5,161 | 9,807 | 4,312 |
| West Virginia | 81 | 61 | - | 7,991 | 4,195 | 3,796 | 8,376 | 3,617 |
| Wisconsin | 169 | 121 | - | 21,790 | 15,578 | 6,212 | 20,299 | 4,543 |
| Wyoming | 28 | 29 | 1 | 1,706 | 1,109 | 597 | 1,619 | 472 |
| Guam | 1 | 1 | - | 137 | 40 | 97 | 193 | 97 |
| Puerto Rico | 125 | 121 | - | 7,591 | 3,524 | 4,067 | 8,527 | 4,023 |
| Virgin Islands | 3 | 3 | - | 223 | 72 | 151 | 306 | 151 |

$\sqrt{}$ Total existing beds have been classified as conforming or nonconforming in accordance with minimum Federal standards relating to construction and patient safety. The total number of beds needed is determined by State Agencies on basis of three factors -- population, projected five years; utilization experience; and an optimum occupancy factor.

NOTE: While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds and facilities plus those to be added may exceed the total estimated need.

Table 5. GENERAL HOSPITAL BEDS: Rates per 100,000 Population, by State,
January 1, 1968

| State | Rate per 100,000 Population | | | | |
|----------------------------------|---------------------------------|--------------------------|----------------------------------|-------------------------------|------------------------------|
| | Total Existing $\frac{1}{2}$ | Conforming $\frac{1}{2}$ | Non- conforming $\frac{1}{2}$ | Total Needed $\frac{2}{2}$ | To Be Added $\frac{2}{2}$ |
| United States and Territories | 414 | 279 | 135 | 401 | 123 |
| United States | 416 | 281 | 135 | 403 | 122 |
| Alabama | 408 | 349 | 59 | 462 | 59 |
| Alaska | 233 | 136 | 96 | 221 | 18 |
| Arizona | 454 | 348 | 107 | 366 | 83 |
| Arkansas | 364 | 307 | 58 | 351 | 32 |
| California | 355 | 288 | 68 | 300 | 17 |
| Colorado | 506 | 321 | 185 | 450 | 36 |
| Connecticut | 382 | 168 | 215 | 336 | 10 |
| Delaware | 363 | 138 | 225 | 326 | 26 |
| Dist. of Cal. | 697 | 609 | 88 | 579 | - |
| Florida | 429 | 339 | 90 | 489 | 147 |
| Georgia | 379 | 327 | 52 | 401 | 54 |
| Hawaii | 309 | 230 | 79 | 277 | 2 |
| Idaho | 373 | 184 | 189 | 304 | 17 |
| Illinois | 459 | 332 | 127 | 461 | 39 |
| Indiana | 371 | 208 | 164 | 411 | 67 |
| Iowa | 509 | 262 | 247 | 423 | 16 |
| Kansas | 478 | 248 | 229 | 490 | 63 |
| Kentucky | 400 | 301 | 98 | 375 | 16 |
| Louisiana | 425 | 303 | 122 | 369 | 26 |
| Maine | 449 | 248 | 201 | 405 | 9 |
| | | | | | 165 |

Table 5. GENERAL HOSPITAL BEDS: Rates per 100,000 Population, by State,
January 1, 1968 -- Continued

| State | Rate per 100,000 Population | | | | |
|----------------|---------------------------------|--------------------------|----------------------------------|-------------------------------|------------------------------|
| | Total Existing $\frac{1}{2}$ | Conforming $\frac{1}{2}$ | Non- conforming $\frac{1}{2}$ | Total Needed $\frac{2}{2}$ | To Be Added $\frac{2}{2}$ |
| Maryland | 329 | 259 | 70 | 310 | 37 |
| Massachusetts | 471 | 229 | 242 | 470 | 48 |
| Michigan | 440 | 291 | 149 | 415 | 26 |
| Minnesota | 519 | 359 | 160 | 459 | 4 |
| Mississippi | 403 | 354 | 49 | 419 | 65 |
| Missouri | 446 | 277 | 169 | 467 | 49 |
| Montana | 493 | 230 | 264 | 466 | 38 |
| Nebraska | 484 | 320 | 164 | 421 | 6 |
| Nevada | 359 | 218 | 141 | 308 | 10 |
| New Hampshire | 394 | 234 | 160 | 406 | 54 |
| New Jersey | 337 | 165 | 172 | 336 | 33 |
| New Mexico | 353 | 273 | 80 | 304 | 32 |
| New York | 404 | 253 | 151 | 402 | 32 |
| North Carolina | 377 | 245 | 132 | 399 | 62 |
| North Dakota | 575 | 364 | 211 | 506 | 22 |
| Ohio | 391 | 301 | 90 | 391 | 39 |
| Oklahoma | 429 | 342 | 87 | 467 | 71 |
| Oregon | 387 | 246 | 141 | 336 | 3 |
| Pennsylvania | 458 | 257 | 201 | 446 | 20 |
| Rhode Island | 413 | 342 | 71 | 415 | 26 |
| | | | | | 71 |
| | | | | | 86 |
| | | | | | 82 |
| | | | | | 71 |
| | | | | | 113 |
| | | | | | 189 |
| | | | | | 71 |

Table 5. GENERAL HOSPITAL BEDS: Rates per 100,000 Population, by State,
January 1, 1968 — Continued

| State | Rate per 100,000 Population | | | | | |
|----------------|---------------------------------|--------------------------|----------------------------------|-------------------------------|------------------------------|-----------------------------------|
| | Total Existing $\frac{1}{2}$ | Conforming $\frac{1}{2}$ | Non- conforming $\frac{1}{2}$ | Total Needed $\frac{2}{2}$ | To Be Added $\frac{2}{2}$ | To Be Modernized $\frac{1}{2}$ |
| South Carolina | 364 | 259 | 104 | 350 | 37 | 86 |
| South Dakota | 495 | 286 | 209 | 467 | 41 | 191 |
| Tennessee | 437 | 271 | 166 | 467 | 69 | 157 |
| Texas | 434 | 319 | 115 | 461 | 77 | 108 |
| Utah | 386 | 273 | 113 | 309 | 22 | 85 |
| Vermont | 559 | 426 | 132 | 473 | 10 | 94 |
| Virginia | 359 | 230 | 129 | 347 | 25 | 125 |
| Washington | 359 | 182 | 176 | 300 | 8 | 147 |
| West Virginia | 445 | 234 | 212 | 472 | 32 | 202 |
| Wisconsin | 524 | 375 | 149 | 448 | 16 | 109 |
| Wyoming | 525 | 341 | 184 | 427 | 16 | 145 |
| Guam | 208 | 61 | 147 | 214 | 62 | 147 |
| Puerto Rico | 286 | 133 | 153 | 268 | 31 | 151 |
| Virgin Islands | 496 | 160 | 336 | 494 | 134 | 336 |

$\frac{1}{2}$ Based on July 1, 1966, civilian population used in State Plans.

$\frac{2}{2}$ Based on July 1, 1972, estimated population used in State Plans.

Table 6. GENERAL HOSPITAL BEDS: Distribution of Nonconforming Beds,
by State, January 1, 1968

| State | Total Existing | Total | Percent of Total Existing | Number of Beds $\frac{1}{2}$ Nonconforming | | | | | Beds Classified as $\frac{2}{2}$ | D | E |
|-------------------------------|----------------|---------|---------------------------|--|---------|--------|--------|-----|----------------------------------|---|---|
| | | | | A | B | C | D | E | | | |
| | | | | | | | | | | | |
| United States and Territories | 812,574 | 265,152 | 32.63 | 53,186 | 111,232 | 57,476 | 42,718 | 540 | | | |
| United States | 804,623 | 260,837 | 32.42 | 53,023 | 108,203 | 56,482 | 42,589 | 540 | | | |
| Alabama | 14,225 | 2,068 | 14.54 | 732 | 631 | 357 | 348 | - | | | |
| Alaska | 562 | 235 | 41.81 | 99 | 87 | - | 49 | - | | | |
| Arizona | 7,261 | 1,707 | 23.51 | 480 | 775 | 67 | 385 | - | | | |
| Arkansas | 7,089 | 1,121 | 15.81 | 736 | 330 | 48 | 7 | - | | | |
| California | 65,804 | 12,525 | 19.03 | 2,959 | 8,405 | 197 | 964 | - | | | |
| Colorado | 9,815 | 3,592 | 36.60 | 381 | 2,505 | 432 | 274 | - | | | |
| Connecticut | 10,949 | 6,152 | 56.19 | 350 | 4,240 | 89 | 1,473 | - | | | |
| Delaware | 1,834 | 1,135 | 61.89 | 84 | 594 | 73 | 384 | - | | | |
| Dist. of Col. | 5,524 | 699 | 12.65 | 65 | - | 634 | - | - | | | |
| Florida | 25,069 | 5,237 | 20.89 | 1,497 | 2,169 | 747 | 824 | - | | | |
| Georgia | 16,500 | 2,267 | 13.74 | 1,363 | 250 | 305 | 349 | - | | | |
| Hawaii | 2,064 | 530 | 25.68 | 184 | 24 | 215 | 107 | - | | | |
| Idaho | 2,570 | 1,299 | 50.54 | 224 | 850 | 133 | 92 | - | | | |
| Illinois | 48,969 | 13,571 | 27.71 | 1,481 | 4,906 | 6,526 | 458 | - | | | |
| Indiana | 18,232 | 8,043 | 44.11 | 1,110 | 2,194 | 4,157 | 582 | - | | | |
| Iowa | 13,988 | 6,781 | 48.48 | 548 | 4,188 | 1,132 | 913 | - | | | |
| Kansas | 10,593 | 5,090 | 48.05 | 558 | 3,069 | 306 | 1,157 | - | | | |
| Kentucky | 12,547 | 3,080 | 24.55 | 889 | 840 | 684 | 667 | - | | | |
| Louisiana | 15,134 | 4,339 | 28.67 | 859 | 1,648 | 627 | 1,205 | - | | | |
| Maine | 4,301 | 1,923 | 44.71 | 625 | 766 | 135 | 397 | - | | | |

Table 6. GENERAL HOSPITAL BEDS: Distribution of Nonconforming Beds,
by State, January 1, 1968 -- Continued

| State | Total Existing | Total | Percent of Total Existing | Number of Beds $\frac{1}{2}$ Nonconforming | | | | | E |
|----------------|-------------------|--------|---------------------------------|---|--------|-------|-------|--|-----|
| | | | | Beds Classified as $\frac{2}{2}$ | | | | | |
| | | | | A | B | C | D | | |
| Maryland | 11,656 | 2,475 | 21.23 | 790 | 561 | 46 | 837 | | 251 |
| Massachusetts | 25,155 | 12,918 | 51.35 | 2,903 | 5,934 | 1,273 | 2,808 | | - |
| Michigan | 36,727 | 12,412 | 33.80 | 3,008 | 3,767 | 3,066 | 2,571 | | - |
| Minnesota | 18,535 | 5,715 | 30.83 | 498 | 3,525 | 768 | 924 | | - |
| Mississippi | 9,269 | 1,131 | 12.20 | 641 | 191 | 275 | 24 | | - |
| Missouri | 19,934 | 7,538 | 37.81 | 1,730 | 2,050 | 2,287 | 1,471 | | - |
| Montana | 3,424 | 1,831 | 53.48 | 392 | 1,283 | 122 | 34 | | - |
| Nebraska | 6,983 | 2,369 | 33.93 | 736 | 996 | 488 | 169 | | - |
| Nevada | 1,599 | 627 | 39.21 | 110 | 185 | 82 | 250 | | - |
| New Hampshire | 2,658 | 1,080 | 40.63 | 433 | 457 | 102 | 88 | | - |
| New Jersey | 23,095 | 11,778 | 51.00 | 819 | 4,081 | 4,364 | 2,514 | | - |
| New Mexico | 3,329 | 757 | 22.74 | 125 | 425 | 101 | 106 | | - |
| New York | 73,632 | 27,493 | 37.34 | 2,352 | 11,417 | 7,919 | 5,805 | | - |
| North Carolina | 18,389 | 6,425 | 34.94 | 1,253 | 4,534 | 219 | 419 | | - |
| North Dakota | 3,667 | 1,346 | 36.71 | 275 | 511 | 224 | 336 | | - |
| Ohio | 40,265 | 9,264 | 23.01 | 1,514 | 4,885 | 2,224 | 641 | | - |
| Oklahoma | 10,390 | 2,109 | 20.30 | 520 | 945 | 475 | 169 | | - |
| Oregon | 7,546 | 2,743 | 36.35 | 963 | 374 | 424 | 982 | | - |
| Pennsylvania | 52,932 | 23,232 | 43.89 | 6,234 | 6,006 | 5,362 | 5,630 | | - |
| Rhode Island | 3,615 | 619 | 17.12 | 216 | 335 | 18 | 50 | | - |

Table 6. GENERAL HOSPITAL BEDS: Distribution of Nonconforming Beds,
by State, January 1, 1968 -- Continued

| State | Total Existing | Total | Percent of Total Existing | Number of Beds $\sqrt{}$ Nonconforming | | | | | E |
|----------------|-------------------|--------|---------------------------------|---|-------|-------|-------|-----|---|
| | | | | Beds Classified as $\sqrt{}$ | | | | | |
| | | | | A | B | C | D | | |
| South Carolina | 9,111 | 2,616 | 28.71 | 674 | 668 | 478 | 796 | - | |
| South Dakota | 3,348 | 1,416 | 42.29 | 56 | 1,032 | 235 | 93 | - | |
| Tennessee | 16,837 | 6,402 | 38.02 | 876 | 2,534 | 1,288 | 1,415 | 289 | |
| Texas | 45,837 | 12,140 | 26.49 | 2,869 | 4,565 | 3,504 | 1,202 | - | |
| Utah | 3,878 | 1,137 | 29.32 | 434 | 431 | 185 | 87 | - | |
| Vermont | 2,262 | 535 | 23.65 | 230 | 205 | 22 | 58 | - | |
| Virginia | 15,534 | 5,569 | 35.85 | 2,310 | 2,197 | 449 | 613 | - | |
| Washington | 10,499 | 5,161 | 49.16 | 1,460 | 1,761 | 1,338 | 602 | - | |
| West Virginia | 7,991 | 3,796 | 47.50 | 1,501 | 452 | 1,283 | 560 | - | |
| Wisconsin | 21,790 | 6,212 | 28.51 | 1,398 | 3,102 | 1,012 | 700 | - | |
| Wyoming | 1,706 | 597 | 34.99 | 269 | 323 | 5 | - | - | |
| Guam | 137 | 97 | 70.80 | - | - | 97 | - | - | |
| Puerto Rico | 7,591 | 4,067 | 53.58 | 163 | 2,878 | 897 | 129 | - | |
| Virgin Islands | 223 | 151 | 67.71 | - | 151 | - | - | - | |

$\sqrt{}$ Total existing beds have been classified as conforming or nonconforming in accordance with minimum Federal standards relating to construction and patient safety.

$\sqrt{}$ Beds are classified as nonconforming by State Agencies on the basis of hospital plant evaluations relating to: A - fire resistivity of construction; B - safety standards relating to electrical and mechanical services, exit facilities, fire alarm systems, interior finishes, vertical shafts; C - design and structural factors affecting the function of patient care units, such as room size, width of corridors; and D - design and structural factors affecting the function of service departments, such as ventilation, location, and adequacy of space and equipment.

Table 7. GENERAL HOSPITALS: Admissions and Patient Days in General Hospitals,
by State, January 1, 1968

| State | Admissions or Discharges | | Patient Days | |
|----------------------------------|--------------------------|---|----------------|---|
| | Number (000's) | Per 1,000 Population 1/ Population 1/ | Number (000's) | Per 1,000 Population 1/ Population 1/ |
| United States and Territories | 27,872 | 141.9 | 210,468 | 1071.4 |
| United States | 27,558 | 142.3 | 208,313 | 1075.8 |
| Alabama | 469 | 134.8 | 3,195 | 917.2 |
| Alaska | 22 | 93.0 | 117 | 486.6 |
| Arizona | 250 | 156.6 | 1,668 | 1043.7 |
| Arkansas | 290 | 149.0 | 1,829 | 939.8 |
| California | 2,429 | 131.1 | 16,104 | 869.2 |
| Colorado | 403 | 207.6 | 2,473 | 1274.0 |
| Connecticut | 357 | 124.6 | 2,793 | 975.4 |
| Delaware | 58 | 115.3 | 467 | 924.8 |
| Dist. of Col. | 155 | 196.0 | 1,336 | 1686.6 |
| Florida | 836 | 143.0 | 5,997 | 1026.6 |
| Georgia | 631 | 145.0 | 3,999 | 919.4 |
| Hawaii | 79 | 117.7 | 775.1 | 775.1 |
| Idaho | 97 | 141.4 | 517 | 750.9 |
| Illinois | 1,556 | 146.0 | 12,914 | 1211.5 |
| Indiana | 665 | 135.6 | 5,081 | 1035.1 |
| Iowa | 469 | 170.7 | 3,487 | 1269.8 |
| Kansas | 360 | 162.2 | 2,780 | 1253.5 |
| Kentucky | 475 | 151.3 | 3,209 | 1022.0 |
| Louisiana | 491 | 137.8 | 3,249 | 912.1 |
| Maine | 147 | 153.6 | 1,072 | 1119.0 |

Table 7. GENERAL HOSPITALS: Admissions and Patient Days in General Hospitals,
by State, January 1, 1968 -- Continued

| State | Admissions or Discharges | | Patient Days | |
|----------------|--------------------------|---------------------------------------|-----------------|---------------------------------------|
| | Number ('000's) | Per 1,000 Population $\frac{1}{2}$ | Number ('000's) | Per 1,000 Population $\frac{1}{2}$ |
| Maryland | 349 | 98.5 | 2,900 | 818.5 |
| Massachusetts | 785 | 147.0 | 6,685 | 1251.4 |
| Michigan | 1,272 | 152.2 | 10,362 | 1240.5 |
| Minnesota | 588 | 164.7 | 4,666 | 1307.1 |
| Mississippi | 335 | 145.8 | 2,040 | 887.3 |
| Missouri | 708 | 158.5 | 5,739 | 1284.0 |
| Montana | 129 | 186.2 | 835 | 1203.9 |
| Nebraska | 230 | 159.5 | 1,688 | 1170.4 |
| Nevada | 61 | 137.3 | 371 | 831.0 |
| New Hampshire | 97 | 144.2 | 706 | 1045.8 |
| New Jersey | 784 | 114.6 | 6,484 | 976.8 |
| New Mexico | 134 | 142.4 | 769 | 816.1 |
| New York | 2,278 | 125.0 | 21,283 | 1168.0 |
| North Carolina | 686 | 140.5 | 4,817 | 986.6 |
| North Dakota | 122 | 191.8 | 873 | 1368.1 |
| Ohio | 1,417 | 137.8 | 11,535 | 1121.5 |
| Oklahoma | 367 | 151.9 | 2,574 | 1063.7 |
| Oregon | 290 | 148.6 | 1,827 | 937.6 |
| Pennsylvania | 1,644 | 142.2 | 14,680 | 1269.7 |
| Rhode Island | 111 | 127.1 | 1,027 | 1172.3 |

Table 7. GENERAL HOSPITALS: Admissions and Patient Days in General Hospitals,
by State, January 1, 1968 -- Continued

| State | Admissions or Discharges | | Patient Days | |
|----------------|--------------------------|---------------------------------------|----------------|---------------------------------------|
| | Number (000's) | Per 1,000 Population $\frac{1}{2}$ | Number (000's) | Per 1,000 Population $\frac{1}{2}$ |
| South Carolina | 313 | 124.9 | 2,395 | 955.8 |
| South Dakota | 110 | 162.7 | 747 | 1104.5 |
| Tennessee | 616 | 159.9 | 4,293 | 1114.4 |
| Texas | 1,637 | 155.0 | 10,282 | 973.3 |
| Utah | 146 | 145.6 | 850 | 846.6 |
| Vermont | 64 | 159.0 | 500 | 1233.6 |
| Virginia | 519 | 119.8 | 4,036 | 931.7 |
| Washington | 453 | 154.9 | 2,416 | 825.6 |
| West Virginia | 317 | 177.0 | 2,384 | 1328.7 |
| Wisconsin | 701 | 168.7 | 5,199 | 1250.7 |
| Wyoming | 56 | 171.9 | 346 | 1065.7 |
| Guam | 5 | 77.5 | 39 | 599.0 |
| Puerto Rico | 301 | 113.4 | 2,056 | 773.7 |
| Virgin Islands | 8 | 173.6 | 60 | 1340.5 |

$\frac{1}{2}$ Based on civilian population used in State Plans.

NOTE: Data on admissions or discharges and patient days were not always reported by the same hospitals.

long-term care beds

Currently there are about 20 million aged persons in the United States -- every tenth American is 65 years of age or older. Though in recent years the rate of growth in the aged population group has slackened, it is significant in planning long-term care facilities which are primarily for the aged, to note that this age group is getting older. ^{1/}

For more than three decades, health facilities providing long-term care services primarily to the aged have been emerging -- initially the so-called nursing home and within the last several years the "extended care" type facility, envisioned by Medicare and Medicaid. During 1967-1968, it is estimated that nearly \$2 billion was expended for nursing home care. Of this amount \$1.5 billion was derived from "public" sources such as Medicare, Medicaid, and State and local funds. ^{2/}

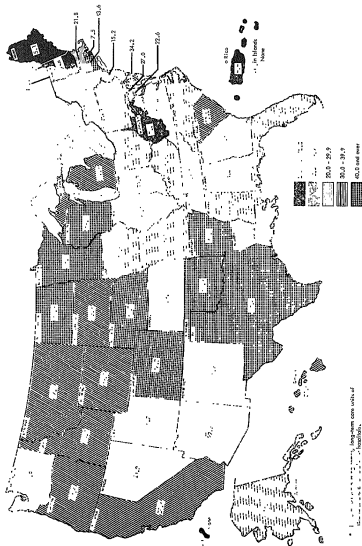
Prior to the 1930's there were only a handful of "nursing homes." In succeeding years, however, their growth accelerated rapidly, brought about by a combination of medical, social, and economic changes in our society. In addition there has been a changing attitude toward institutional care for the elderly. Gradually, the nursing home has become recognized as having an important role in the total medical care picture. The 1954 amendments to the Hill-Burton legislation gave impetus to this development by specifically authorizing funds for the construction of public and voluntary nonprofit skilled nursing homes and chronic disease hospitals. In 1964, the chronic disease and nursing home categories were combined into a single category designated as "long-term care."

Developing as genuine medical care institutions, nursing homes have been constructed as wings on community hospitals or as separate units on hospital

^{1/} U.S. Congress. Senate Special Committee on Aging. Health Aspects of the Economics of Aging, Washington, U.S. Government Printing Office, July 1969. 43 pp.

^{2/} U.S. Department of Health, Education, and Welfare, Social Security Administration, Office of Research and Statistics. Public and Private Expenditures for Health: Fiscal Years 1965 - 1968. Calendar Years 1965-1967. Research and Statistics Note No. 22, November 11, 1968.

Chart 3 - Conforming Long-Term Care Beds per 1,000 Aged Population, by State - 1968*



grounds. However, the extended care facility per se was created by the Medicare legislation (P.L. 89-97) and represents a departure from the typical service pattern of nursing homes in that the average length of patient stay is considerably shorter and the services provided must be "post-hospital" in nature. In 1968, a total of more than 4,700 facilities having about 330,000 beds had been certified for participation as extended care facilities in the health insurance program for the aged. ^{3/}

Facilities Available and Needed

Long-term care facilities include skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals. As of January 1, 1968, the Hill-Burton State Plans reported a total of 12,260 non-Federal long-term care facilities with 723,071 beds. Of these, 10,828 are skilled nursing homes with 618,950 beds; 1,212 are long-term care units of hospitals with 62,754 beds; and 220 are chronic disease hospitals with 41,367 beds. It should be pointed out that Connecticut and Missouri in planning for long-term care facilities, excluded "minimum size" facilities from their count of available nursing homes. As Table 10 (page 36) indicates, there are 270 such facilities having 6,879 beds in these States.

Nationally, there are 3.7 long-term care beds per 1,000 civilian population. Among the States, there is a wide variation. Excluding Alaska, bed/population ratios ranged from a low of 1.3 beds per 1,000 population in North Carolina to a high of 8.7 beds per 1,000 in Oklahoma. However, in relation to population aged 65 and over, a somewhat more realistic measure for planning long-term care facilities, there are 38.9 long-term care beds per 1,000 aged in the United States and Territories. West Virginia has 14.1 beds per 1,000 aged in contrast to 77.2 long-term care beds per 1,000 aged in Oklahoma. Beds reported as "conforming" number 486,868, or approximately three-fifths of the total beds available. Oklahoma had the highest reported ratio -- 61.9 conforming beds per 1,000 population aged 65 and older compared with the national ratio of 26.2 beds per 1,000 aged. Maine ranked the lowest among the States with 5.1 conforming beds per 1,000 aged. (Chart 3.)

Despite a substantial growth in long-term care facilities in recent years, the need for beds is still acute. Over the next five years, it is estimated that an additional 165,430 long-term care beds will be needed, and 214,506 existing

^{3/} U.S. Department of Commerce, Bureau of the Census, Statistical Abstract of the United States: 1969. U.S. Government Printing Office, Washington, D.C., 1969, p. 71.

beds will require replacement or modernization. The demand for long-term care facilities is not likely to abate in the foreseeable future. On the contrary, an increased demand can be anticipated as a result of the increasing "agedness" of our population, their growing need for care, and the impact of the "Medicare" and "Medicaid" programs. Needs for long-term care facilities will also be affected by the availability of such out-of-hospital services as home health services, homemaker programs, and visiting nurse services.

Table 8. LONG-TERM CARE BEDS ^{1/}: Existing and Needed, ^{2/}
United States and Territories, 1957-1968 ^{3/}

| Year (January 1) | Existing Beds | | Beds To Be Added and Modernized | Beds To Be Added | Beds To Be Modernized | Total Beds Needed |
|---------------------|---------------|--------------------------|---------------------------------------|------------------------|-----------------------------|-------------------------|
| | Total | Conforming ^{3/} | | | | |
| 1957 | 267,356 | 155,468 | 575,706 | xx | xx | 731,174 |
| 1958 | 272,220 | 157,156 | 587,323 | xx | xx | 744,479 |
| 1959 | 296,914 | 177,477 | 568,917 | xx | xx | 746,394 |
| 1960 | 342,445 | 215,915 | 553,876 | xx | xx | 769,791 |
| 1961 | 381,461 | 230,674 | 561,394 | xx | xx | 792,068 |
| 1962 | 415,354 | 255,897 | 546,837 | xx | xx | 802,734 |
| 1963 | 449,682 | 280,274 | 532,203 | xx | xx | 812,477 |
| 1964 | 518,142 | 324,935 | 514,080 | xx | xx | 839,015 |
| 1965 | 623,472 | 403,617 | 410,351 | xx | xx | 810,907 |
| 1966 | 660,432 | 419,309 | 318,011 | 130,019 | 187,992 | 716,508 |
| 1967 | 701,111 | 450,602 | 357,496 | 149,413 | 208,083 | 787,605 |
| 1968 | 723,071 | 486,868 | 379,936 | 165,430 | 214,506 | 851,013 |

^{1/} Includes skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals.

^{2/} Data for 1957-1965 are not directly comparable with 1966-1968 data which reflect procedures initiated subsequent to 1964 amendments to Hill-Burton legislation. These amendments authorized specific grants for modernization and eliminated the bed/population ratios for determining bed needs. New procedures which substantially affect current data are: (1) a uniform method of determining bed capacity, based on space requirements; (2) a physical plant evaluation to determine modernization needs; (3) a method of estimating bed need on the basis of utilization experience; population, projected five years; and an optimum occupancy factor (90 percent for long-term care facilities).

^{3/} Total existing beds for 1966-1968 have been classified by the State Agencies as conforming or nonconforming in accordance with minimum standards relating to construction and patient safety. (Data for 1957-1965 represent beds classified as "acceptable" by the State Agencies principally on the basis of fire and health hazards.)

NOTE: While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds plus those to be added may exceed the total estimated need.

Table 9. LONG-TERM CARE BEDS ^{1/}: Rates per 100,000 Population, United States and Territories, 1957-1968 ^{2/}

| Year (January 1) | Rate per 100,000 Population ^{3/} | | | | |
|---------------------|---|--------------------------|-------------------------|----------------|-------------------------|
| | Existing Beds | | Beds To Be | | Total Beds Needed |
| | Total | Conforming ^{4/} | Added and Modernized | To Be Added | |
| 1957 | 163 | 95 | 350 | xx | 445 |
| 1958 | 162 | 93 | 349 | xx | 443 |
| 1959 | 173 | 104 | 332 | xx | 436 |
| 1960 | 196 | 124 | 318 | xx | 442 |
| 1961 | 215 | 130 | 317 | xx | 467 |
| 1962 | 231 | 142 | 304 | xx | 446 |
| 1963 | 245 | 153 | 290 | xx | 442 |
| 1964 | 278 | 174 | 276 | xx | 450 |
| 1965 | 330 | 213 | 217 | xx | 429 |
| 1966 | 343 | 217 | xx | 62 | 341 |
| 1967 | 360 | 232 | xx | 70 | 370 |
| 1968 | 368 | 248 | xx | 77 | 394 |

^{1/} Includes skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals.

^{2/} Data for 1957-1965 are not directly comparable with 1966-1968 data which reflect procedures initiated subsequent to 1964 amendments to Hill-Burton legislation. These amendments authorized specific grants for modernization and eliminated the bed/population ratios for determining bed needs. New procedures authorized specific grants for modernization and eliminated the method of determining bed capacity, based on space requirements; (2) a physical plant evaluation to determine modernization needs; (3) a method of estimating bed need on the basis of utilization experience; population, projected five years; and an optimum occupancy factor (90 percent for long-term care facilities).

^{3/} Ratios of existing beds and beds to be modernized are based on July 1, 1966, civilian population; ratios of beds to be added and total beds needed are based on July 1, 1972, estimated population.

^{4/} Total existing beds for 1966-1968 have been classified by the State Agencies as conforming or nonconforming in accordance with minimum standards relating to construction and patient safety. (Data for 1957-1965 represent beds classified as "acceptable" by the State Agencies principally on the basis of fire and health hazards.)

Table 10. LONG-TERM CARE BEDS $\frac{1}{2}$: Existing and Needed Facilities and Beds
by State, January 1, 1968 -- Continued

| State | Number of Facilities | | | Number of Beds $\frac{2}{2}$ | | | | | | |
|------------------------|----------------------|--------------|-------------|------------------------------|----------------|------------|----------------|--------------|-------------|------------------|
| | Total Existing | Total Needed | To Be Added | To Be Modernized | Total Existing | Conforming | Non-conforming | Total Needed | To Be Added | To Be Modernized |
| Maryland | 202 | 227 | 25 | 146 | 12,512 | 7,044 | 5,468 | 13,318 | 806 | 5,423 |
| Massachusetts | 738 | 794 | 56 | 588 | 37,360 | 13,250 | 24,110 | 43,025 | 5,897 | 23,883 |
| Michigan | 522 | 340 | 11 | 96 | 33,136 | 22,718 | 10,418 | 32,236 | 1,521 | 8,290 |
| Minnesota | 425 | 438 | 20 | 131 | 26,599 | 21,132 | 5,467 | 25,730 | 1,548 | 4,710 |
| Mississippi | 82 | 136 | 54 | 18 | 4,125 | 2,794 | 1,331 | 6,014 | 2,667 | 826 |
| Missouri $\frac{4}{4}$ | 227 | 338 | 114 | 145 | 18,680 | 8,388 | 10,292 | 27,323 | 8,667 | 10,268 |
| Montana | 72 | 74 | 5 | 18 | 3,039 | 2,486 | 553 | 3,396 | 827 | 424 |
| Nebraska | 195 | 177 | 4 | 36 | 10,523 | 7,574 | 2,949 | 8,736 | 251 | 1,521 |
| Nevada | 21 | 20 | - | 10 | 738 | 557 | 181 | 978 | 241 | 181 |
| New Hampshire | 30 | 66 | 36 | 20 | 1,972 | 711 | 1,261 | 4,202 | 2,230 | 1,261 |
| New Jersey | 324 | 358 | 34 | 244 | 20,960 | 9,723 | 11,237 | 24,715 | 3,934 | 11,058 |
| New Mexico | 26 | 44 | 18 | 11 | 1,561 | 1,353 | 228 | 2,332 | 899 | 152 |
| New York | 812 | 634 | 80 | 277 | 57,992 | 33,710 | 24,282 | 77,007 | 19,961 | 23,476 |
| North Carolina | 121 | 178 | 57 | 20 | 6,247 | 5,663 | 584 | 9,643 | 4,304 | 419 |
| North Dakota | 49 | 59 | 13 | 4 | 2,976 | 2,846 | 130 | 3,112 | -61 | 89 |
| Ohio | 786 | 819 | 41 | 578 | 34,959 | 14,176 | 20,783 | 38,839 | 4,015 | 20,648 |
| Oklahoma | 473 | 468 | 6 | 138 | 21,010 | 16,826 | 4,184 | 21,034 | 604 | 3,604 |
| Oregon | 163 | 179 | 16 | 84 | 10,192 | 7,131 | 3,061 | 10,873 | 914 | 2,985 |
| Pennsylvania | 590 | 676 | 132 | 314 | 38,210 | 22,219 | 15,991 | 51,554 | 13,860 | 15,568 |
| Rhode Island | 88 | 98 | 10 | 80 | 4,466 | 712 | 3,754 | 5,344 | 878 | 3,754 |

Table 11. LONG-TERM CARE FACILITIES $\frac{1}{2}$: Existing and Needed Facilities and Beds, by Type of Facility,
by State, January 1, 1968

| State | Facilities | | Existing Facilities | | | | Existing Beds | | | |
|----------------------------------|-------------------|-----------------|-----------------------------|-------------------------|---------------------------------|---------|-----------------------------|-------------------------|---------------------------------|--|
| | Total Existing | Total Needed | Skilled Nursing Homes | Long-Term Care Units | Chronic Disease Hospitals | Total | Skilled Nursing Homes | Long-Term Care Units | Chronic Disease Hospitals | |
| | | | | | | | | | | |
| United States and Territories | 12,260 | 12,835 | 10,828 | 1,212 | 220 | 723,071 | 618,950 | 62,754 | 41,367 | |
| United States | 12,240 | 12,793 | 10,816 | 1,208 | 216 | 721,646 | 618,045 | 62,543 | 41,058 | |
| Alabama | 154 | 242 | 120 | 33 | 1 | 8,613 | 7,117 | 1,386 | 110 | |
| Alaska | 7 | 18 | 3 | 4 | - | 132 | 68 | 64 | - | |
| Arizona | 67 | 82 | 52 | 12 | 3 | 3,744 | 2,985 | 615 | 144 | |
| Arkansas | 205 | 196 | 175 | 27 | 3 | 11,640 | 10,417 | 936 | 287 | |
| California | 1,175 | 868 | 1,058 | 98 | 19 | 74,648 | 62,346 | 5,803 | 6,499 | |
| Colorado | 171 | 173 | 149 | 22 | - | 10,761 | 10,214 | 547 | - | |
| Connecticut | 203 | 202 | 193 | 4 | 6 | 15,586 | 13,920 | 514 | 1,152 | |
| Delaware | 17 | 20 | 15 | 1 | 1 | 1,576 | 901 | 54 | 621 | |
| Dist. of Cal. | 29 | 39 | 23 | 5 | 1 | 2,642 | 2,245 | 317 | 80 | |
| Florida | 271 | 343 | 255 | 10 | 6 | 18,094 | 17,032 | 523 | 539 | |
| Georgia | 216 | 306 | 188 | 25 | 3 | 12,903 | 11,527 | 1,225 | 151 | |
| Hawaii | 26 | 27 | 13 | 9 | 4 | 1,933 | 923 | 500 | 510 | |
| Idaho | 55 | 58 | 43 | 11 | 1 | 3,061 | 2,583 | 441 | 37 | |
| Illinois | 451 | 573 | 404 | 45 | 2 | 31,143 | 28,173 | 2,634 | 336 | |
| Indiana | 413 | 466 | 390 | 23 | - | 15,966 | 14,713 | 1,253 | - | |
| Iowa | 91 | 153 | 42 | 47 | 2 | 5,160 | 2,311 | 2,585 | 264 | |
| Kansas | 149 | 170 | 112 | 37 | - | 8,527 | 7,015 | 1,512 | - | |
| Kentucky | 123 | 140 | 104 | 18 | 1 | 6,578 | 5,740 | 688 | 150 | |
| Louisiana | 180 | 198 | 159 | 19 | 2 | 9,751 | 8,925 | 706 | 120 | |
| Maine | 41 | 104 | 28 | 13 | - | 2,002 | 1,619 | 383 | - | |

Table 11. LONG-TERM CARE FACILITIES $\frac{1}{2}$: Existing and Needed Facilities and Beds, by Type of Facility,
by State, January 1, 1968 -- Continued

| State | Facilities | | | Existing Facilities | | | | Existing Beds | | | |
|----------------|-------------------|-----------------|-------|-----------------------------|-------------------------|---------------------------------|--|---------------|-----------------------------|-------------------------|---------------------------------|
| | Total Existing | Total Needed | Total | Skilled Nursing Homes | Long-Term Care Units | Chronic Disease Hospitals | | Total | Skilled Nursing Homes | Long-Term Care Units | Chronic Disease Hospitals |
| | | | | | | | | | | | |
| Maryland | 202 | 227 | 738 | 192 | 1 | 9 | | 12,512 | 9,910 | 556 | 2,046 |
| Massachusetts | 738 | 794 | 703 | 703 | 11 | 24 | | 37,360 | 33,118 | 457 | 3,785 |
| Michigan | 522 | 340 | 481 | 481 | 35 | 6 | | 33,136 | 29,331 | 2,947 | 858 |
| Minnesota | 425 | 438 | 356 | 356 | 68 | 1 | | 26,399 | 23,239 | 3,280 | 80 |
| Mississippi | 82 | 136 | 71 | 71 | 10 | 1 | | 4,125 | 3,641 | 460 | 24 |
| Missouri | 227 | 338 | 195 | 195 | 32 | - | | 18,680 | 16,614 | 2,066 | - |
| Montana | 72 | 74 | 44 | 44 | 27 | 1 | | 3,039 | 2,035 | 782 | 222 |
| Nebraska | 195 | 177 | 153 | 153 | 36 | 6 | | 10,523 | 8,280 | 1,444 | 799 |
| Nevada | 21 | 20 | 8 | 8 | 13 | - | | 738 | 426 | 312 | - |
| New Hampshire | 30 | 66 | 24 | 24 | 6 | - | | 1,972 | 1,758 | 214 | - |
| New Jersey | 324 | 358 | 290 | 290 | 21 | 13 | | 20,960 | 17,234 | 1,807 | 1,919 |
| New Mexico | 26 | 44 | 14 | 14 | 10 | 2 | | 1,581 | 881 | 480 | 220 |
| New York | 812 | 634 | 707 | 707 | 90 | 15 | | 57,992 | 46,461 | 6,523 | 5,008 |
| North Carolina | 121 | 178 | 94 | 94 | 25 | 2 | | 6,247 | 4,956 | 1,135 | 156 |
| North Dakota | 49 | 59 | 39 | 39 | 9 | 1 | | 2,976 | 2,671 | 245 | 60 |
| Ohio | 786 | 819 | 737 | 737 | 39 | 10 | | 34,959 | 30,503 | 1,964 | 2,492 |
| Oklahoma | 473 | 468 | 442 | 442 | 17 | 14 | | 21,010 | 19,682 | 489 | 839 |
| Oregon | 163 | 179 | 126 | 126 | 24 | 13 | | 10,192 | 8,214 | 779 | 1,199 |
| Pennsylvania | 590 | 676 | 531 | 531 | 50 | 9 | | 38,210 | 31,502 | 2,872 | 3,836 |
| Rhode Island | 88 | 98 | 83 | 83 | 4 | 1 | | 4,466 | 3,090 | 963 | 413 |

Table 11. LONG-TERM CARE FACILITIES ^{1/}: Existing and Needed Facilities and Beds, by Type of Facility,
by State, January 1, 1968 -- Continued

| State | Facilities | | | Existing Facilities | | | Existing Beds | | | |
|----------------|-------------------|-----------------|-----------------------------|-------------------------|---------------------------------|--------|-----------------------------|-------------------------|---------------------------------|--|
| | Total Existing | Total Needed | Skilled Nursing Homes | Long-Term Core Units | Chronic Disease Hospitals | Total | Skilled Nursing Homes | Long-Term Core Units | Chronic Disease Hospitals | |
| | | | | | | | | | | |
| South Carolina | 107 | 168 | 82 | 23 | 2 | 5,545 | 4,466 | 937 | 142 | |
| South Dakota | 132 | 110 | 120 | 12 | - | 3,492 | 3,141 | 351 | - | |
| Tennessee | 232 | 254 | 206 | 16 | 10 | 12,217 | 9,172 | 789 | 2,256 | |
| Texas | 826 | 791 | 784 | 30 | 12 | 45,285 | 41,983 | 1,480 | 1,822 | |
| Utah | 33 | 57 | 28 | 5 | - | 2,169 | 2,032 | 137 | - | |
| Vermont | 18 | 47 | 15 | 3 | - | 826 | 707 | 119 | - | |
| Virginia | 147 | 189 | 122 | 22 | 3 | 9,112 | 7,271 | 1,098 | 743 | |
| Washington | 281 | 309 | 252 | 28 | 1 | 17,589 | 16,285 | 1,278 | 26 | |
| West Virginia | 36 | 70 | 21 | 10 | 5 | 2,583 | 996 | 474 | 1,113 | |
| Wisconsin | 410 | 262 | 350 | 60 | - | 29,969 | 26,756 | 3,213 | - | |
| Wyoming | 28 | 35 | 20 | 8 | - | 1,122 | 916 | 206 | - | |
| Guam | 1 | 1 | - | 1 | - | 23 | - | 23 | - | |
| Puerto Rico | 19 | 39 | 12 | 3 | 4 | 1,402 | 905 | 188 | 309 | |
| Virgin Islands | - | 2 | - | - | - | - | - | - | - | |

^{1/} In some States the breakdown is estimated, since the reporting of long-term care facilities, by type, is optional.

Table 12. LONG-TERM CARE BEDS $\frac{1}{2}$; Rates per 1,000 Aged Population, by State, January 1, 1968

| State | Rate per 1,000 Aged Population | | | | | |
|-------------------------------|--------------------------------|--------------------------|------------------------------|----------------------------|---------------------------|--------------------------------|
| | Total Existing $\frac{2}{1}$ | Conforming $\frac{2}{1}$ | Non-conforming $\frac{2}{1}$ | Total Needed $\frac{3}{1}$ | To Be Added $\frac{3}{1}$ | To Be Modernized $\frac{2}{1}$ |
| United States and Territories | 38.86 | 26.16 | 12.69 | 41.69 | 8.05 | 11.53 |
| United States | 39.11 | 26.33 | 12.78 | 41.97 | 8.06 | 11.61 |
| Alabama | 29.80 | 24.29 | 5.52 | 44.68 | 17.59 | 5.52 |
| Alaska | 18.86 | 14.14 | 4.71 | 69.14 | 49.29 | 4.71 |
| Arizona | 30.44 | 22.22 | 8.22 | 24.63 | 28.15 | 5.80 |
| Arkansas | 55.17 | 44.33 | 10.84 | 49.48 | 26.68 | 8.95 |
| California | 46.34 | 38.40 | 7.93 | 38.70 | 2.24 | 5.07 |
| Colorado | 62.56 | 47.02 | 15.55 | 60.32 | 3.99 | 14.59 |
| Connecticut | 57.94 | 43.56 | 14.38 | 48.96 | 4.74 | 9.70 |
| Delaware | 39.40 | 34.20 | 5.20 | 45.98 | 10.96 | 5.20 |
| Dist. of Col. | 36.19 | 22.60 | 13.59 | 28.86 | - | 9.48 |
| Florida | 24.35 | 16.16 | 8.19 | 28.73 | 7.96 | 8.08 |
| Georgia | 39.46 | 29.28 | 10.18 | 56.76 | 22.17 | 10.18 |
| Hawaii | 50.87 | 31.58 | 19.29 | 41.07 | 4.55 | 9.11 |
| Idaho | 47.83 | 35.94 | 11.89 | 51.05 | 7.46 | 9.77 |
| Illinois | 29.41 | 23.44 | 5.97 | 38.97 | 11.48 | 5.83 |
| Indiana | 33.90 | 22.87 | 11.02 | 38.87 | 6.81 | 11.03 |
| Iowa | 14.96 | 13.61 | 1.35 | 38.66 | 23.84 | 1.35 |
| Kansas | 33.18 | 29.06 | 4.12 | 34.14 | 8.55 | 2.21 |
| Kentucky | 20.95 | 14.87 | 6.08 | 24.08 | 4.82 | 5.49 |
| Louisiana | 36.11 | 29.39 | 6.72 | 36.49 | 6.92 | 5.61 |
| Maine | 18.04 | 5.07 | 12.96 | 41.53 | 24.48 | 12.75 |

Table 12. LONG-TERM CARE BEDS $\frac{1}{2}$; Rates per 1,000 Aged Population, by State, January 1, 1968 -- Continued

| State | Rate per 1,000 Aged Population | | | | | |
|----------------|--------------------------------|--------------------------|------------------------------|----------------------------|---------------------------|--------------------------------|
| | Total Existing $\frac{2}{1}$ | Conforming $\frac{2}{1}$ | Non-conforming $\frac{2}{1}$ | Total Needed $\frac{3}{1}$ | To Be Added $\frac{3}{1}$ | To Be Modernized $\frac{2}{1}$ |
| Maryland | 47.94 | 26.99 | 20.95 | 42.55 | 2.58 | 20.78 |
| Massachusetts | 61.55 | 21.83 | 39.72 | 67.65 | 9.27 | 39.35 |
| Michigan | 46.47 | 31.86 | 14.61 | 42.03 | 1.98 | 11.63 |
| Minnesota | 68.03 | 54.05 | 13.98 | 66.83 | 4.02 | 12.05 |
| Mississippi | 20.22 | 13.70 | 6.52 | 27.34 | 12.12 | 4.05 |
| Missouri | 35.31 | 15.86 | 19.46 | 49.86 | 15.82 | 19.41 |
| Montana | 45.36 | 37.10 | 8.25 | 49.94 | 12.16 | 6.33 |
| Nebraska | 60.13 | 43.28 | 16.85 | 50.50 | 1.45 | 8.69 |
| Nevada | 30.75 | 23.21 | 7.54 | 28.76 | 7.09 | 7.54 |
| New Hampshire | 27.01 | 9.74 | 17.27 | 53.19 | 28.23 | 17.27 |
| New Jersey | 32.75 | 15.19 | 17.56 | 33.95 | 5.40 | 17.28 |
| New Mexico | 26.80 | 22.93 | 3.86 | 35.33 | 13.62 | 2.58 |
| New York | 30.63 | 17.81 | 12.83 | 36.55 | 9.47 | 12.40 |
| North Carolina | 17.26 | 15.64 | 1.61 | 23.35 | 10.42 | 1.16 |
| North Dakota | 48.00 | 45.90 | 2.10 | 52.57 | 12.08 | 1.44 |
| Ohio | 36.53 | 14.81 | 21.72 | 38.23 | 3.95 | 21.58 |
| Oklahoma | 77.24 | 61.86 | 15.38 | 73.29 | 2.10 | 13.25 |
| Oregon | 49.48 | 34.62 | 14.86 | 50.57 | 4.25 | 14.49 |
| Pennsylvania | 31.89 | 18.55 | 13.35 | 39.26 | 10.56 | 12.99 |
| Rhode Island | 47.01 | 7.49 | 39.52 | 50.90 | 8.36 | 39.52 |

Table 12. LONG-TERM CARE BEDS ^{1/}; Rates per 1,000 Aged Population, by State, January 1, 1968 -- Continued

| State | Rate per 1,000 Aged Population | | | | | |
|----------------|--------------------------------|--------------------------|------------------------------|----------------------------|---------------------------|--------------------------------|
| | Total Existing ^{2/} | Conforming ^{2/} | Non-conforming ^{2/} | Total Needed ^{3/} | To Be Added ^{3/} | To Be Modernized ^{2/} |
| South Carolina | 32.24 | 29.95 | 2.29 | 43.11 | 15.09 | 2.29 |
| South Dakota | 44.77 | 32.91 | 11.86 | 63.07 | 18.62 | 10.64 |
| Tennessee | 35.72 | 24.09 | 11.63 | 41.03 | 9.44 | 11.33 |
| Texas | 51.58 | 44.69 | 6.88 | 42.02 | 1.29 | 4.54 |
| Utah | 30.99 | 26.74 | 4.24 | 35.50 | 7.34 | 3.83 |
| Vermont | 18.77 | 18.11 | .66 | 60.15 | 42.94 | .66 |
| Virginia | 27.95 | 19.98 | 7.97 | 29.77 | 6.00 | 7.79 |
| Washington | 58.44 | 29.94 | 28.49 | 65.68 | 11.06 | 27.98 |
| West Virginia | 14.11 | 9.78 | 4.33 | 29.74 | 17.60 | 4.33 |
| Wisconsin | 67.35 | 42.24 | 25.11 | 66.32 | 7.79 | 19.16 |
| Wyoming | 38.69 | 32.34 | 6.34 | 43.30 | 11.73 | 5.38 |
| Guam | 11.50 | - | 11.50 | ^{4/} | ^{4/} | - |
| Puerto Rico | 8.87 | 6.56 | 2.32 | 14.35 ^{4/} | 7.51 ^{4/} | 2.32 |
| Virgin Islands | - | - | - | 11.33 ^{4/} | 11.33 ^{4/} | - |

^{1/} Includes skilled nursing homes, long-term care units of hospitals, and chronic disease hospitals.

^{2/} Based on July 1, 1966, population aged 65 and over.

^{3/} Based on July 1, 1972, estimated population aged 65 and over.

^{4/} Excludes Guam; U.S. Bureau of the Census certified estimates not available for the Territories.

- Rates for Puerto Rico and Virgin Islands based on population estimates shown in respective Plans.

tuberculosis beds

With the utilization of modern drug therapy in the treatment and control of tuberculosis, the facilities needed to provide care for the tuberculous have changed markedly within recent years. Potent chemotherapeutics have enabled an increasing proportion of patients to have an initial period of hospitalization followed by treatment on an outpatient basis. In addition, during the past decade, the reduction in the rate of new cases has served to drastically reduce the demand for tuberculosis hospitals. Thus, many private tuberculosis sanatoria and the smaller State or local tuberculosis facilities have either closed or converted in whole or in part to other health uses. However, general hospitals are recognizing that tuberculosis can not only be managed effectively in the general hospital but such care offers many positive psychological benefits to the patients. ^{1/}

Facilities Available and Needed

According to the 1968 Hill-Burton State Plans, there were 186 non-Federal tuberculosis hospitals and 94 tuberculosis units of hospitals. The total capacity of these 280 facilities was 41,673 beds in comparison with an estimated need for only 260 facilities providing 36,412 beds. In relation to population, this represents 21 tuberculosis beds currently available per 100,000 when only 17 beds per 100,000 are needed. However, only 28,420 or 68 percent of the 41,673 existing beds conform to minimum Federal standards relating to construction and patient safety. New York had 3,440 tuberculosis beds in 1968, thereby leading the States in actual number of beds. Illinois ranked second with 3,146 beds. In terms of bed/population ratios, however, the District of Columbia leads with 5 beds per 100,000 population. Hawaii and Arkansas follow with 54 and 50 beds per 100,000, respectively.

Though most States have an excess of tuberculosis beds, there are still about 15 States and Territories which show an estimated need for an additional 1,676 beds. Nearly 11,000 beds have been programed to be modernized or replaced.

^{1/} Freilich, Joseph K., M.D., and Hubler, Matthew. The Management of Tuberculosis Patients in a General Hospital, Hospital Management, August 1969, pp. 72 ff.

Table 13. TUBERCULOSIS BEDS: Existing and Needed,
United States and Territories, 1948-1968 ^{1/}

| Year (January 1) | Existing Beds | | Beds To Be Added | Beds To Be Modernized | Total Beds Needed |
|---------------------|---------------|--------------------------|------------------------|-----------------------------|-------------------------|
| | Total | Conforming ^{2/} | | | |
| 1948 | 84,864 | 71,857 | 84,836 | xx | 156,693 |
| 1949 | 85,466 | 72,560 | 82,541 | xx | 155,101 |
| 1950 | 94,024 | 81,511 | 67,425 | xx | 148,936 |
| 1951 | 96,955 | 85,351 | 55,040 | xx | 140,391 |
| 1952 | 99,147 | 87,550 | 46,349 | xx | 133,899 |
| 1953 | 100,204 | 86,698 | 30,676 | xx | 117,374 |
| 1954 | 102,076 | 86,686 | 21,664 | xx | 108,350 |
| 1955 | 100,885 | 86,552 | 20,622 | xx | 107,174 |
| 1956 | 96,929 | 85,584 | 15,438 | xx | 101,022 |
| 1957 | 91,962 | 82,152 | 10,618 | xx | 92,770 |
| 1958 | 88,549 | 80,105 | 7,653 | xx | 87,758 |
| 1959 | 84,445 | 76,685 | 8,028 | xx | 85,313 |
| 1960 | 78,334 | 73,274 | 8,053 | xx | 81,327 |
| 1961 | 72,893 | 68,768 | 6,191 | xx | 74,959 |
| 1962 | 68,343 | 64,411 | 2,310 | xx | 66,721 |
| 1963 | 64,171 | 60,559 | 2,330 | xx | 62,889 |
| 1964 | 58,714 | 51,765 | 3,843 | xx | 55,608 |
| 1965 | 55,287 | 48,676 | 1,345 | xx | 50,021 |
| 1966 | 49,304 | 33,824 | 13,485 | 1,859 | 41,541 |
| 1967 | 46,666 | 31,933 | 13,463 | 1,257 | 40,281 |
| 1968 | 41,673 | 28,420 | 12,667 | 1,676 | 36,412 |

^{1/} Data for 1948-1965 are not directly comparable with 1966-1968 data which reflect procedures initiated subsequent to 1964 amendments to Hill-Burton legislation. These amendments authorized specific grants for modernization and eliminated incidence of tuberculosis cases for determining bed needs. New procedures which substantially affect current data are: (1) a uniform method of determining bed capacity, based on space requirements; (2) a physical plant evaluation to determine modernization needs; (3) a method of estimating bed need on basis of utilization experience; population, projected five years; and an optimum occupancy factor (80 percent for tuberculosis hospitals).

^{2/} Existing beds for 1966-1968 have been classified by the State Agencies as conforming or nonconforming in accordance with minimum standards relating to construction and patient safety. (Data for 1948-1965 represent beds classified as "acceptable" by the State Agencies principally on the basis of fire and health hazards.)

Table 14. TUBERCULOSIS BEDS: Existing and Needed Facilities and Beds,
by State, January 1, 1968

| State and Territories and United States | Number of Facilities | | | Number of Beds 1/ | | | | | |
|--|-----------------------|----------|-----------------|-------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Existing Hospitals | Units 2/ | Total Needed | Total Existing | Conforming | Non- conforming | Total Needed | To Be Added | To Be Modernized |
| | | | | | | | | | |
| United States | 186 | 94 | 261 | 41,673 | 28,420 | 13,253 | 36,412 | 1,676 | 10,991 |
| | 181 | 92 | 254 | 40,020 | 28,341 | 11,679 | 34,491 | 1,370 | 9,424 |
| Alabama | 7 | - | 7 | 1,070 | 608 | 462 | 1,317 | 247 | 462 |
| Alaska | 1 | - | 1 | 22 | - | 22 | 22 | - | 22 |
| Arizona | 3 | 3 | 6 | 381 | 339 | 42 | 459 | 78 | 42 |
| Arkansas | 2 | - | 1 | 967 | 967 | - | 216 | - | - |
| California | 5 | 27 | 32 | 2,753 | 1,531 | 1,222 | 2,176 | - | 890 |
| Celebrado | 1 | 3 | 4 | 216 | 20 | 196 | 240 | 28 | 192 |
| Connecticut | 3 | 1 | 4 | 557 | 108 | 449 | 428 | - | 320 |
| Delaware | 1 | - | 1 | 158 | 152 | 6 | 207 | 49 | 6 |
| Dist. of Cal. | - | 3 | 3 | 434 | 39 | 395 | 502 | 68 | 395 |
| Florida | 3 | 1 | 4 | 1,162 | 1,142 | 20 | 1,162 | - | 20 |
| Georgia | 1 | - | 1 | 651 | - | 651 | 594 | - | 594 |
| Hawaii | 2 | 2 | 4 | 358 | 260 | 98 | 297 | - | 64 |
| Idaho | 1 | - | 1 | 47 | - | 47 | 58 | 11 | 47 |
| Illinois | 22 | 3 | 24 | 3,146 | 2,779 | 367 | 2,379 | 4 | 154 |
| Indiana | 7 | 1 | 8 | 834 | 109 | 725 | 832 | 66 | 701 |
| Iowa | 1 | 1 | 1 | 324 | 164 | 160 | 197 | - | 160 |
| Kansas | 1 | 2 | 1 | 193 | 97 | 96 | 73 | - | - |
| Kentucky | 8 | - | 6 | 1,099 | 1,099 | - | 911 | - | - |
| Louisiana | 1 | 3 | 4 | 807 | 694 | 113 | 626 | - | 102 |
| Maine | 1 | - | 1 | 88 | 64 | 24 | 68 | - | 4 |

Table 14. TUBERCULOSIS BEDS: Existing and Needed Facilities and Beds,
by State, January 1, 1968 -- Continued

| State | Number of Facilities | | | | Number of Beds $\frac{1}{2}$ | | | | | |
|-----------------------------|----------------------|---------------------|-----------------|---------------------|------------------------------|------------|--------------------|------------------|----------------|---------------------|
| | Existing | | Total Needed | To Be Modernized | Total Existing | Conforming | Non- conforming | Total Needed | To Be Added | To Be Modernized |
| | Hospitals | Units $\frac{2}{3}$ | | | | | | | | |
| Maryland | 2 | 1 | 3 | - | 867 | 867 | - | 747 | - | - |
| Massachusetts | 5 | - | 5 | - | 738 | 738 | - | 660 | - | - |
| Michigan | 8 | 5 | 11 | - | 2,006 | 1,983 | 23 | 1,925 | - | - |
| Minnesota | 3 | 1 | 4 | - | 315 | 315 | - | 281 | - | - |
| Mississippi | 1 | - | 1 | - | 434 | 434 | - | 434 | - | - |
| Missouri | 2 | 2 | 4 | 1 | 610 | 559 | 51 | 879 | 269 | 51 |
| Montana | 1 | - | 1 | - | 245 | 245 | - | 131 | - | - |
| Nebraska | 1 | - | 1 | 1 | 146 | - | 146 | 83 | - | 83 |
| Nevada | - | 2 | 2 | 2 | 62 | 40 | 22 | 45 | - | 5 |
| New Hampshire $\frac{3}{2}$ | 1 | - | - | - | 77 | - | 77 | 38 $\frac{3}{2}$ | - | - |
| New Jersey | 6 | 5 | 11 | 10 | 1,251 | 101 | 1,150 | 1,190 | - | 1,094 |
| New Mexico | 1 | - | 1 | - | 140 | 140 | - | 55 | - | - |
| New York | 7 | 13 | 20 | 8 | 3,440 | 2,542 | 898 | 3,440 | - | 898 |
| North Carolina | 4 | - | 4 | - | 1,674 | 1,674 | - | 1,246 | - | - |
| North Dakota | 1 | - | 1 | - | 135 | 135 | - | 38 | - | - |
| Ohio | 17 | 3 | 20 | 7 | 2,388 | 1,820 | 568 | 1,636 | - | 365 |
| Oklahoma | 3 | - | 3 | - | 535 | 535 | - | 500 | - | - |
| Oregon | 1 | - | 1 | - | 79 | 79 | - | 124 | 45 | - |
| Pennsylvania | 5 | - | 5 | 2 | 1,641 | 500 | 1,141 | 1,490 | - | 990 |
| Rhode Island | - | 2 | 2 | 2 | 79 | - | 79 | 92 | 13 | 79 |

Table 14. TUBERCULOSIS BEDS: Existing and Needed Facilities and Beds,
by State, January 1, 1968 -- Continued

| State | Number of Facilities | | | Number of Beds ^{1/} | | | | | | |
|----------------|----------------------|---------------------|-----------------|------------------------------|-------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Existing | | Total Needed | To Be Modernized | Total Existing | Conforming | Non- conforming | Total Needed | To Be Added | To Be Modernized |
| | Hospitals | Units ^{2/} | | | | | | | | |
| South Carolina | 3 | 1 | 4 | 3 | 811 | 130 | 681 | 576 | - | 455 |
| South Dakota | - | - | - | - | - | - | - | - | - | - |
| Tennessee | 5 | - | 4 | 3 | 1,036 | 609 | 427 | 850 | - | 304 |
| Texas | 9 | 6 | 13 | 2 | 2,984 | 2,752 | 232 | 2,568 | - | 105 |
| Utah | - | - | - | - | - | - | - | - | - | - |
| Vermont | 1 | - | 1 | 1 | 75 | - | 75 | 40 | - | 40 |
| Virginia | 3 | - | 3 | 3 | 873 | 506 | 367 | 1,339 | 466 | 367 |
| Washington | 2 | 1 | 3 | 3 | 606 | 42 | 564 | 478 | 23 | 413 |
| West Virginia | 1 | - | 1 | - | 645 | 645 | - | 359 | - | - |
| Wisconsin | 16 | - | 10 | - | 850 | 767 | 83 | 469 | - | - |
| Wyoming | 1 | - | 1 | - | 11 | 11 | - | 14 | 3 | - |
| Guam | - | 1 | 1 | - | 79 | 79 | - | 48 | - | - |
| Puerto Rico | 5 | - | 5 | 5 | 1,559 | - | 1,559 | 1,865 | 306 | 1,559 |
| Virgin Islands | - | 1 | 1 | 1 | 15 | - | 15 | 8 | - | 8 |

^{1/} Total existing beds have been classified as conforming or nonconforming in accordance with minimum Federal standards relating to construction and patient safety. The total number of beds needed is determined by State Agencies on basis of utilization experience; population, projected five years; and an optimum occupancy factor (80 percent for tuberculosis hospitals).

^{2/} Represents units of 10 or more tuberculosis beds in general, mental, or chronic disease hospitals.

^{3/} The State Plan indicates that the "need for tuberculosis hospital beds will be absorbed in the general hospital facilities of the State."
NOTE: While many of the "service areas" delineated by the State Agencies for planning health facilities need additional beds, some areas currently have "excess" beds. Thus, State and national totals of existing beds and facilities plus those to be added may exceed the total estimated.

Table 15. TUBERCULOSIS BEDS: Rates per 100,000 Population, by State,
January 1, 1968

| State | Rate per 100,000 Population | | | | | |
|----------------------------------|---------------------------------|--------------------------|----------------------------------|-------------------------------|------------------------------|-----------------------------------|
| | Total Existing $\frac{1}{2}$ | Conforming $\frac{1}{2}$ | Non- conforming $\frac{1}{2}$ | Total Needed $\frac{2}{2}$ | To Be Added $\frac{2}{2}$ | To Be Modernized $\frac{1}{2}$ |
| United States and Territories | | | | | | |
| United States | | | | | | |
| Alabama | 21 | 14 | 7 | 17 | 1 | 6 |
| Alaska | 21 | 15 | 6 | 16 | 1 | 5 |
| Arizona | 31 | 17 | 13 | 35 | 7 | 13 |
| Arkansas | 9 | - | 9 | 9 | - | 9 |
| California | 24 | 21 | 3 | 22 | 4 | 3 |
| Colorado | 50 | 50 | - | 10 | - | - |
| Connecticut | 15 | 8 | 7 | 10 | - | 5 |
| Delaware | 11 | 1 | 10 | 11 | 1 | 10 |
| Dist. of Col. | 19 | 4 | 16 | 14 | - | 11 |
| Florida | 31 | 30 | 1 | 36 | 9 | 1 |
| Georgia | 35 | 5 | 50 | 56 | 8 | 50 |
| Hawaii | 20 | 20 | 3/ | 16 | - | 3/ |
| Idaho | 15 | - | 15 | 13 | - | 14 |
| Illinois | 54 | 39 | 15 | 42 | - | 10 |
| Indiana | 7 | - | 7 | 8 | 1 | 7 |
| Iowa | 30 | 26 | 3 | 21 | 3/ | 1 |
| Kansas | 17 | 2 | 15 | 16 | 1 | 14 |
| Kentucky | 12 | 6 | 6 | 7 | - | 6 |
| Louisiana | 9 | 4 | 4 | 3 | - | - |
| Maine | 35 | 35 | - | 28 | - | - |
| | 23 | 19 | 3 | 16 | - | 3 |
| | 9 | 7 | 3 | 7 | - | 3/ |

Table 15. TUBERCULOSIS BEDs: Rates per 100,000 Population, by State
January 1, 1968 -- Continued

| State | Rate per 100,000 Population | | | | |
|----------------|-----------------------------|------------|--------------------|-----------------|---------------------|
| | Total Existing | Conforming | Non- conforming | Total Needed | To Be Modernized |
| Maryland | 24 | 24 | - | 19 | - |
| Massachusetts | 14 | 14 | - | 11 | - |
| Michigan | 24 | 24 | 3/ | 22 | - |
| Minnesota | 9 | 9 | - | 7 | - |
| Mississippi | 19 | 19 | - | 17 | - |
| Missouri | 14 | 13 | 1 | 19 | 1 |
| Montana | 35 | 35 | - | 17 | - |
| Nebraska | 10 | - | 10 | 5 | 6 |
| Nevada | 14 | 9 | 5 | 9 | 1 |
| New Hampshire | 11 | - | 11 | 5 | - |
| New Jersey | 18 | 1 | 17 | 16 | 16 |
| New Mexico | 15 | 15 | - | 5 | - |
| New York | 19 | 14 | 5 | 18 | 5 |
| North Carolina | 34 | 34 | - | 24 | - |
| North Dakota | 21 | 21 | - | 6 | - |
| Ohio | 23 | 18 | 6 | 15 | 4 |
| Oklahoma | 22 | 22 | - | 19 | - |
| Oregon | 4 | 4 | - | 6 | 2 |
| Pennsylvania | 14 | 4 | 10 | 12 | 9 |
| Rhode Island | 9 | - | 9 | 10 | 1 |

Table 15. TUBERCULOSIS BEDS: Rates per 100,000 Population, by State
January 1, 1968 -- Continued

| State | Rate per 100,000 Population | | | | | |
|----------------|---------------------------------|--------------------------|----------------------------------|-------------------------------|------------------------------|-----------------------------------|
| | Total Existing $\frac{1}{2}$ | Conforming $\frac{1}{2}$ | Non- conforming $\frac{1}{2}$ | Total Needed $\frac{2}{2}$ | To Be Added $\frac{2}{2}$ | To Be Modernized $\frac{1}{2}$ |
| South Carolina | 32 | 5 | 27 | 21 | - | 18 |
| South Dakota | - | - | - | - | - | - |
| Tennessee | 27 | 16 | 11 | 21 | - | 8 |
| Texas | 28 | 26 | 2 | 22 | - | 1 |
| Utah | - | - | - | - | - | - |
| Vermont | 19 | - | 19 | 9 | - | 10 |
| Virginia | 20 | 12 | 8 | 28 | 10 | 8 |
| Washington | 21 | 1 | 19 | 15 | 1 | 14 |
| West Virginia | 36 | 36 | - | 20 | - | - |
| Wisconsin | 20 | 18 | 2 | 10 | - | - |
| Wyoming | 3 | 3 | - | 4 | 1 | - |
| Guam | 120 | 120 | - | 53 | - | - |
| Puerto Rico | 59 | - | 59 | 59 | 10 | 59 |
| Virgin Islands | 33 | - | 33 | 13 | - | 18 |

$\frac{1}{2}$ Based on July 1, 1966, civilian population reported in State Plans.

$\frac{2}{2}$ Based on July 1, 1972, estimated population.

$\frac{3}{2}$ Less than 0.5 beds per 100,000 population.

**outpatient
care
facilities**

public health centers

In addition to its traditional role of providing a broad range of preventive health services within a community, the public health center of today is engaged in a variety of medical care programs.

In 1963, the American Public Health Association stated: "The local health department should play a leadership role in community-wide organization and planning of health resources. It should also promote the full use by physicians, hospitals, and others of all community resources which provide educative, preventive, diagnostic, therapeutic and rehabilitative services. It should develop effective techniques that are easily applied to large numbers of people. When it has done this, it should mobilize community resources to apply them." ^{1/}

A 1966 study of more than 1,300 local health units identified their major program areas to be maternal and child health programs, tuberculosis control, crippled children, dental health, health disease control, cancer control, mental health, and venereal disease control. Most frequently, the services are provided through the unit's own staff or facility. "Services such as screening, diagnosis, and health maintenance were usually provided to the general population or to specific age groups, while treatment services such as inpatient care, physicians' services, and drugs were usually provided only to the indigent." ^{2/}

Facilities Available and Needed

As of January 1, 1968, the Hill-Burton State Plans reported 1,950 primary public health centers and 1,284 auxiliary public health facilities -- more than 3,200 such facilities. In relation to population, there are 9.9 public health centers and 6.5 auxiliary health facilities per million persons in the United States and Territories.

^{1/} American Journal of Public Health. 54:1, January 1964.

^{2/} Myers, Beverlee A., et al. The Medical Care Activities of Local Health Units; Preliminary Report of a National Survey. Public Health Reports. 83:757-769, September 1968.

Approximately 47 percent of the primary public health centers are located in the Southeastern region. As the following table indicates, there is considerable variation among the socioeconomic regions of the country in availability of total existing primary public health centers and those centers that have been classified as conforming:

| Socioeconomic Region ^{1/} | Total Existing | | Conforming | |
|---------------------------------------|----------------|---------------------------|------------|---------------------------|
| | Number | Per Million Population | Number | Per Million Population |
| United States | 1,886 | 9.7 | 1,144 | 5.9 |
| New England | 46 | 4.1 | 27 | 2.4 |
| Mideast | 112 | 2.7 | 78 | 1.9 |
| Great Lakes | 385 | 10.0 | 147 | 3.8 |
| Plains | 92 | 5.8 | 47 | 3.0 |
| Southeast | 880 | 21.0 | 638 | 15.2 |
| Southwest | 168 | 10.8 | 75 | 4.8 |
| Rocky Mountain | 29 | 6.2 | 18 | 3.9 |
| Far West | 174 | 7.0 | 114 | 4.6 |

- ^{1/} Excludes Territories. Socioeconomic regions include the following States:
New England - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
Mideast - Delaware, District of Columbia, Maryland, New Jersey, New York, and Pennsylvania.
Great Lakes - Illinois, Indiana, Michigan, Ohio, and Wisconsin.
Plains - Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.
Southeast - Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia.
Southwest - Arizona, New Mexico, Oklahoma, and Texas.
Rocky Mountain - Colorado, Idaho, Montana, Utah, and Wyoming.
Far West - Alaska, California, Hawaii, Nevada, Oregon, and Washington.

The need for public health centers is determined by the Hill-Burton State Agencies in consultation with the appropriate unit of the State Department of Health. Nationally, an estimated 2,338 primary public health centers are needed throughout the country -- 10.8 centers per million population. The need for auxiliary public health centers is estimated to be 1,729 facilities -- 8.0 per million persons. An additional 883 public health centers -- 463 primary and 420 auxiliary -- are programed as needed over the next five years to provide the wide range of prevention and control activities now associated with such facilities.

States are programing a total of 659 primary centers and 577 auxiliary health facilities for modernization or replacement. Thus, roughly one-third and two-fifths, respectively, of these categories of facilities are programed to be modernized.

Table 16. PRIMARY PUBLIC HEALTH CENTERS ^{1/}: Existing and Needed,
United States and Territories, 1948-1968

| Year (January 1) | Existing Centers | | Centers To Be Added and Modernized | Centers To Be Added | Centers To Be Modernized | Total Centers ^{3/} Needed |
|---------------------|------------------|--------------------------|--|---------------------------|--------------------------------|--|
| | Total | Conforming ^{2/} | | | | |
| 1948 | xx | 468 | 1,853 | xx | xx | 2,321 |
| 1949 | xx | 479 | 1,836 | xx | xx | 2,315 |
| 1950 | xx | 523 | 1,570 | xx | xx | 2,093 |
| 1951 | xx | 590 | 1,477 | xx | xx | 2,067 |
| 1952 | xx | 616 | 1,621 | xx | xx | 2,237 |
| 1953 | xx | 711 | 1,529 | xx | xx | 2,240 |
| 1954 | xx | 725 | 1,475 | xx | xx | 2,200 |
| 1955 | xx | 773 | 1,574 | xx | xx | 2,347 |
| 1956 | xx | 798 | 1,526 | xx | xx | 2,324 |
| 1957 | xx | 888 | 1,496 | xx | xx | 2,384 |
| 1958 | xx | 988 | 1,310 | xx | xx | 2,298 |
| 1959 | xx | 1,035 | 1,316 | xx | xx | 2,351 |
| 1960 | xx | 1,081 | 1,285 | xx | xx | 2,366 |
| 1961 | xx | 1,134 | 876 | xx | xx | 2,010 |
| 1962 | xx | 1,194 | 795 | xx | xx | 1,989 |
| 1963 | xx | 1,185 | 772 | xx | xx | 1,957 |
| 1964 | xx | 1,168 | 810 | xx | xx | 1,992 |
| 1965 | xx | 1,194 | 734 | xx | xx | 1,928 |
| 1966 | 1,706 | 1,095 | 1,047 | 495 | 552 | 2,154 |
| 1967 | 1,789 | 1,127 | 986 | 463 | 523 | 2,195 |
| 1968 | 1,950 | 1,194 | 1,122 | 463 | 659 | 2,338 |

^{1/} Publicly owned facilities utilized by local health units for the provision of public health services.

^{2/} Prior to 1966, the State Agencies reported only public health centers designated as "acceptable" principally on the basis of fire and health hazards.

^{3/} Represents facilities programmed by the State Agencies as needed.

Table 17. PRIMARY PUBLIC HEALTH CENTERS $\frac{1}{2}$: Existing and Needed, by State,
January 1, 1968

| State | Number of Centers | | | | | |
|-------------------------------|-------------------|------------|----------------|--------------|-------------|------------------|
| | Total Existing | Conforming | Non-conforming | Total Needed | To Be Added | To Be Modernized |
| United States and Territories | 1,950 | 1,194 | 756 | 2,338 | 463 | 659 |
| United States | 1,886 | 1,144 | 742 | 2,253 | 442 | 645 |
| Alabama | 76 | 62 | 14 | 75 | - | 14 |
| Alaska | 6 | 5 | 1 | 6 | - | 1 |
| Arizona | 8 | 4 | 4 | 14 | 6 | 4 |
| Arkansas | 33 | 16 | 17 | 33 | - | 17 |
| California | 95 | 68 | 27 | 95 | - | 27 |
| Colorado | 11 | 9 | 2 | 21 | 10 | 2 |
| Connecticut | 12 | 8 | 4 | 14 | 2 | 4 |
| Delaware | 3 | 2 | 1 | 3 | - | 1 |
| Dist. of Col. | 3 | 2 | 1 | 5 | 3 | - |
| Florida | 69 | 36 | 33 | 69 | - | 33 |
| Georgia | 37 | 35 | 2 | 38 | 1 | 2 |
| Hawaii | 15 | 9 | 6 | 20 | 5 | 6 |
| Idaho | 6 | 1 | 5 | 6 | - | 5 |
| Illinois | 9 | 9 | - | 63 | 54 | - |
| Indiana | 96 | 9 | 87 | 95 | 2 | 84 |
| Iowa | 1 | 1 | - | 24 | 23 | - |
| Kansas | 18 | 9 | 9 | 43 | 25 | 9 |
| Kentucky | 121 | 90 | 31 | 121 | 3 | 3 |
| Louisiana | 54 | 46 | 8 | 62 | 8 | 8 |
| Maine | 11 | 1 | 10 | 11 | - | 10 |

Table 17. PRIMARY PUBLIC HEALTH CENTERS $\frac{1}{2}$: Existing and Needed, by State,
January 1, 1968 -- Continued

| State | Number of Centers | | | | |
|----------------|-------------------|------------|--------------------|-----------------|---------------------|
| | Total Existing | Conforming | Non- conforming | Total Needed | To Be Modernized |
| Maryland | 29 | 21 | 8 | 29 | 8 |
| Massachusetts | 17 | 17 | - | 48 | 31 |
| Michigan | 87 | 40 | 47 | 87 | - |
| Minnesota | 14 | 6 | 8 | 19 | 5 |
| Mississippi | 80 | 77 | 3 | 90 | 10 |
| Missouri | 50 | 27 | 23 | 123 | 73 |
| Montana | 6 | 3 | 3 | 8 | 2 |
| Nebraska | 4 | 4 | - | 4 | - |
| Nevada | 2 | 2 | - | 3 | 1 |
| New Hampshire | 4 | - | 4 | 4 | - |
| New Jersey | 16 | 12 | 4 | 89 | 73 |
| New Mexico | 34 | 13 | 21 | 34 | - |
| New York | 44 | 32 | 12 | 49 | 5 |
| North Carolina | 97 | 97 | - | 105 | 8 |
| North Dakota | 5 | - | 5 | 9 | 4 |
| Ohio | 165 | 84 | 81 | 166 | 26 |
| Oklahoma | 58 | 28 | 30 | 67 | 9 |
| Oregon | 23 | 14 | 9 | 29 | 6 |
| Pennsylvania | 17 | 9 | 8 | 33 | 16 |
| Rhode Island | 1 | - | 1 | 1 | - |

Table 17. PRIMARY PUBLIC HEALTH CENTERS $\frac{1}{2}$: Existing and Needed, by State,
January 1, 1968 — Continued

| State | Number of Centers | | | | To Be Added | To Be Modernized |
|-----------------------------|-------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total Existing | Conforming | Non- conforming | Total Needed | | |
| South Carolina | 47 | 38 | 9 | 47 | - | 9 |
| South Dakota | - | - | - | 10 | 10 | - |
| Tennessee | 96 | 75 | 21 | 98 | 2 | 21 |
| Texas | 68 | 30 | 38 | 68 | - | 38 |
| Utah | 6 | 5 | 1 | 24 | 18 | 1 |
| Vermont | 1 | 1 | - | 1 | - | - |
| Virginia | 116 | 59 | 57 | 116 | - | 57 |
| Washington | 33 | 16 | 17 | 33 | - | 17 |
| West Virginia $\frac{2}{2}$ | 54 | 7 | 47 | 13 | 1 | 9 |
| Wisconsin | 28 | 5 | 23 | 28 | - | 23 |
| Wyoming | - | - | - | - | - | - |
| Guam | 1 | 1 | - | 1 | - | - |
| Puerto Rico | 61 | 49 | 12 | 80 | 19 | 12 |
| Virgin Islands | 2 | - | 2 | 4 | 2 | 2 |

$\frac{1}{2}$ Publicly owned facilities utilized by local health units for the provision of public health services.
 $\frac{2}{2}$ 38 nonconforming primary public health centers are to be modernized and will serve as auxiliary public health facilities.

NOTE: While many of the "service areas" delineated by the State Agencies need additional facilities, some areas currently have "excess" facilities. Thus, State and national totals of existing facilities plus those to be added may exceed the total estimated need.

Table 16. AUXILIARY PUBLIC HEALTH FACILITIES ^{1/}: Existing and Needed,
United States and Territories, 1948-1968

| Year (January 1) | Existing Facilities | | Facilities To Be Added and Modernized | Facilities To Be Added | Facilities To Be Modernized | Total Facilities Needed ^{3/} |
|---------------------|---------------------|--------------------------|---|------------------------------|-----------------------------------|---|
| | Total | Conforming ^{2/} | | | | |
| 1948 | xx | 722 | 1,386 | xx | xx | 2, 108 |
| 1949 | xx | 723 | 1,386 | xx | xx | 2, 109 |
| 1950 | xx | 678 | 1,433 | xx | xx | 2, 111 |
| 1951 | xx | 920 | 1,372 | xx | xx | 2, 292 |
| 1952 | xx | 935 | 1,409 | xx | xx | 2, 344 |
| 1953 | xx | 977 | 1,362 | xx | xx | 2, 339 |
| 1954 | xx | 992 | 1,338 | xx | xx | 2, 330 |
| 1955 | xx | 1,018 | 1,101 | xx | xx | 2, 119 |
| 1956 | xx | 1,096 | 1,022 | xx | xx | 2, 118 |
| 1957 | xx | 1,037 | 1,078 | xx | xx | 2, 115 |
| 1958 | xx | 1,053 | 1,057 | xx | xx | 2, 110 |
| 1959 | xx | 1,094 | 1,071 | xx | xx | 2, 165 |
| 1960 | xx | 1,097 | 1,056 | xx | xx | 2, 153 |
| 1961 | xx | 1,059 | 968 | xx | xx | 2, 027 |
| 1962 | xx | 1,020 | 895 | xx | xx | 1, 915 |
| 1963 | xx | 1,062 | 822 | xx | xx | 1, 884 |
| 1964 | xx | 1,094 | 842 | xx | xx | 1, 936 |
| 1965 | xx | 1,050 | 809 | xx | xx | 1, 859 |
| 1966 | 1,322 | 830 | 798 | 566 | 232 | 1, 898 |
| 1967 | 1,345 | 829 | 668 | 455 | 213 | 1, 769 |
| 1968 | 1, 284 | 708 | 997 | 420 | 577 | 1, 729 |

^{1/} Publicly owned facilities such as laboratories or clinics physically separated from the administrative offices of the local health unit.

^{2/} Prior to 1966, the State Agencies reported only auxiliary public health facilities designated as "acceptable" principally on the basis of fire and health hazards.

^{3/} Represents facilities programmed by the State Agencies as needed.

Table 19. AUXILIARY PUBLIC HEALTH FACILITIES $\sqrt{}$: Existing and Needed,
by State, January 1, 1968

| | | Number of Facilities | | | | |
|-------------------------------|----------------|----------------------|----------------|--------------|-------------|------------------|
| State | Total Existing | Conforming | Non-conforming | Total Needed | To Be Added | To Be Modernized |
| United States and Territories | 1,284 | 708 | 576 | 1,729 | 420 | 577 |
| United States | 1,087 | 567 | 520 | 1,530 | 417 | 524 |
| Alabama | 25 | 19 | 6 | 31 | 6 | 6 |
| Alaska | 27 | 24 | 3 | 27 | - | 3 |
| Arizona | 20 | 1 | 19 | 20 | - | 19 |
| Arkansas | 47 | 12 | 35 | 47 | - | 35 |
| California | 115 | 55 | 60 | 115 | - | 60 |
| Colorado | 6 | 6 | - | 37 | 31 | - |
| Connecticut | 5 | 4 | 1 | 5 | - | 1 |
| Delaware | 2 | - | 2 | 3 | 1 | 2 |
| Dist. of Col. | 31 | 12 | 19 | 31 | - | 3 |
| Florida | 26 | 25 | 1 | 113 | 87 | 1 |
| Georgia | 109 | 105 | 4 | 170 | 58 | 3 |
| Hawaii | 3 | - | 3 | 12 | 11 | 1 |
| Idaho | 16 | 5 | 11 | 27 | 11 | 11 |
| Illinois | - | - | - | - | - | - |
| Indiana | 2 | - | 2 | 1 | - | 1 |
| Iowa | - | - | - | - | - | - |
| Kansas | 1 | - | 1 | 1 | - | 1 |
| Kentucky | - | - | - | - | - | - |
| Louisiana | 33 | 31 | 2 | 50 | 17 | 2 |
| Maine | - | - | - | - | - | - |

Table 19. AUXILIARY PUBLIC HEALTH FACILITIES $\frac{1}{2}$: Existing and Needed,
by State, January 1, 1968 -- Continued

| State | Total Existing | Number of Facilities | | | Total Needed | To Be Added | To Be Modernized |
|---------------------------|-------------------|----------------------|--------------------|--|-----------------|----------------|---------------------|
| | | Conforming | Non- conforming | | | | |
| Maryland | 139 | 3 | 136 | | 139 | - | 136 |
| Massachusetts | - | - | - | | - | - | - |
| Michigan | 36 | 25 | 11 | | 30 | 2 | 4 |
| Minnesota | 2 | 2 | - | | - | - | - |
| Mississippi ^{2/} | - | - | - | | - | - | - |
| Missouri | 31 | 31 | - | | 31 | - | - |
| Montano | - | - | - | | - | - | - |
| Nebraska | - | - | - | | - | - | - |
| Nevada | - | - | - | | - | - | - |
| New Hampshire | 3 | - | 3 | | 3 | - | - |
| New Jersey | 1 | 1 | - | | 63 | 62 | - |
| New Mexico | 9 | 5 | 4 | | 10 | 1 | 4 |
| New York | 105 | 74 | 31 | | 146 | 41 | 33 |
| North Carolina | 4 | 4 | - | | 10 | 6 | - |
| North Dakota | - | - | - | | - | - | - |
| Ohio | 8 | 5 | 3 | | 8 | 3 | - |
| Oklahoma | 22 | 11 | 11 | | 30 | 8 | 11 |
| Oregon | 14 | 7 | 7 | | 23 | 9 | 5 |
| Pennsylvania | 13 | 2 | 11 | | 15 | 2 | 11 |
| Rhode Island | 4 | 2 | 2 | | 1 | - | 1 |

Table 19. AUXILIARY PUBLIC HEALTH FACILITIES ^{1/}: Existing and Needed,
by State, January 1, 1968 -- Continued

| State | Number of Facilities | | | | |
|-----------------------------|----------------------|------------|--------------------|-----------------|---------------------|
| | Total Existing | Conforming | Non- conforming | Total Needed | To Be Modernized |
| South Carolina | 17 ⁵ | 60 | 115 | 203 | 28 |
| South Dakota | 1 | 1 | - | 1 | - |
| Tennessee | 7 | 7 | - | 18 | 11 |
| Texas | 15 | 15 | - | 25 | 10 |
| Utah | - | - | - | 1 | 1 |
| Vermont | - | - | - | - | - |
| Virginia | 11 | 6 | 5 | 22 | 11 |
| Washington | 16 | 6 | 10 | 16 | - |
| West Virginia ^{3/} | 2 | - | 2 | 44 | - |
| Wisconsin | 1 | 1 | - | 1 | - |
| Wyoming | - | - | - | - | - |
| Guam | 14 | 12 | 2 | 13 | - |
| Puerto Rico | 180 | 129 | 51 | 180 | - |
| Virgin Islands | 3 | - | 3 | 6 | 3 |

^{1/} Publicly owned facilities such as laboratories or clinics physically separated from the administrative offices of the local health unit.

^{2/} Facilities formerly reported as auxiliary public health facilities are now included in the diagnostic or treatment center category.

^{3/} 38 nonconforming primary public health centers are to be modernized and will serve as auxiliary public health facilities.

diagnostic or treatment centers

In recent years, the role of outpatient services has been steadily changing from providing care primarily to the medically indigent to providing an essential component of health services to a wider segment of the community. In 1968, according to the American Hospital Association, more than 156 million outpatient visits were made to hospitals in the United States.

Ambulatory care facilities such as those provided by hospital outpatient clinics and neighborhood health centers will better balance our health delivery system and increase efficient sharing of hospital resources. With the ever increasing influence of medical group practice arrangements and considerations of broader health insurance coverage, there undoubtedly will be a greater demand for outpatient care facilities providing preventive care, including multiphasic screening, home health programs, and diagnostic or treatment services.

Centers Available and Needed

According to the Hill-Burton State Plans, the total number of non-Federal diagnostic or treatment centers providing such minimum services as X-ray and/or clinical laboratory services increased from 3,769 in 1957 to 4,840 in 1968. Of the 4,840 centers the great majority were units of hospitals -- 4,433; the remaining 407 centers were "independent facilities." Nearly two-thirds of the existing diagnostic or treatment centers -- more than 3,200 -- were classified by the State Agencies as conforming to minimum standards of construction and patient safety.

The 1968 Hill-Burton inventories of existing centers included community clinics or hospital outpatient departments but excluded industrial clinics for employees only, first aid clinics, and similar facilities not furnishing a community service. In general, neighborhood health centers were not included in these 1968 inventories but to the extent such facilities are available or under construction, they will be included in future inventories of this category.

The number of centers reported varies markedly among the States. Texas leads with more than 300 such facilities, with four other States having more than 200 diagnostic or treatment centers available. Roughly a dozen States, Territories, and the District of Columbia had fewer than 25 facilities.

As of January 1, 1968, the States and Territories reported the total need for diagnostic or treatment centers to be 5,657. Over the next five years, an additional 1,060 centers are estimated to be needed. Thus, the 3,217 conforming centers represent only 57 percent of the total needed. More than 1,400 of the 1,600 centers classified as nonconforming are designated as being in need of modernization. About 30 percent of this modernization need is in five States -- California, Kansas, New Jersey, Pennsylvania, and Texas.

Table 20. DIAGNOSTIC OR TREATMENT CENTERS ^{1/}: Existing and Needed,
United States and Territories, 1957-1968

| Year (January 1) | Existing Facilities | | Facilities To Be Added and Modernized | Facilities To Be Added | | Facilities To Be Modernized | Total Facilities Needed |
|---------------------|---------------------|------------|---|------------------------------|-------|-----------------------------------|-------------------------------|
| | Total | Conforming | | | | | |
| 1957 | 3,769 | 3,017 | 1,518 | xx | xx | 4,535 | |
| 1958 | 4,286 | 3,623 | 1,407 | xx | xx | 5,030 | |
| 1959 | 4,213 | 3,588 | 1,363 | xx | xx | 4,951 | |
| 1960 | 4,572 | 3,841 | 1,287 | xx | xx | 5,128 | |
| 1961 | 4,764 | 4,061 | 2,332 | xx | xx | 6,393 | |
| 1962 | 5,047 | 4,441 | 1,840 | xx | xx | 6,281 | |
| 1963 | 4,943 | 4,334 | 2,528 | xx | xx | 6,862 | |
| 1964 | 5,018 | 4,103 | 2,553 | xx | xx | 6,656 | |
| 1965 | 4,513 | 3,675 | 2,320 | xx | xx | 5,995 | |
| 1966 | 4,978 | 3,175 | 2,001 | 770 | 1,231 | 5,520 | |
| 1967 | 4,993 | 3,217 | 2,273 | 905 | 1,368 | 5,668 | |
| 1968 | 4,840 | 3,217 | 2,496 | 1,060 | 1,436 | 5,657 | |

^{1/} Represents "diagnostic or treatment centers" providing such minimum services as examination of patients by physician or dentist, clinical laboratory, and diagnostic X-ray. Includes outpatient departments and clinics.

NOTE: While many of the "service areas" delineated by the State Agencies need additional facilities, some areas currently have "excess" facilities. Thus, State and national totals of existing facilities plus those to be added may exceed the total estimated need.

Table 21. DIAGNOSTIC OR TREATMENT CENTERS $\frac{1}{2}$: Existing and Needed,
by State, January 1, 1968

| State | Existing Centers | | | | Total Needed | To Be Added | To Be Modernized |
|----------------------------------|------------------|---------------------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total | Hospital Units $\frac{1}{2}$ | Conforming | Non- conforming | | | |
| United States and Territories | 4,840 | 4,433 | 3,217 | 1,623 | 5,657 | 1,060 | 1,436 |
| United States | 4,777 | 4,382 | 3,178 | 1,599 | 5,520 | 983 | 1,415 |
| Alabama | 191 | 135 | 155 | 36 | 238 | 49 | 34 |
| Alaska | 8 | 8 | 5 | 3 | 9 | 1 | 3 |
| Arizona | 63 | 60 | 34 | 29 | 97 | 34 | 29 |
| Arkansas | 5 | 3 | 5 | - | 41 | 36 | - |
| California | 175 | 175 | 111 | 64 | 366 | 192 | 64 |
| Colorado | 83 | 82 | 45 | 38 | 81 | - | 38 |
| Connecticut | 44 | 39 | 34 | 10 | 46 | 2 | 10 |
| Delaware | 18 | 11 | 10 | 8 | 19 | 1 | 8 |
| Dist. of Col. | 12 | 11 | 12 | - | 12 | - | - |
| Florida | 39 | 35 | 38 | 1 | 59 | 20 | 1 |
| Georgia | 76 | 52 | 56 | 20 | 168 | 92 | 20 |
| Hawaii | 29 | 27 | 17 | 12 | 25 | - | 9 |
| Idaho | 58 | 35 | 29 | 29 | 54 | - | 23 |
| Illinois | 252 | 199 | 209 | 43 | 429 | 177 | 43 |
| Indiana | 118 | 118 | 63 | 55 | 117 | 3 | 52 |
| Iowa | 145 | 145 | 98 | 47 | 135 | - | 36 |
| Kansas | 163 | 163 | 70 | 93 | 140 | - | 78 |
| Kentucky | 53 | 51 | 42 | 11 | 54 | 1 | 11 |
| Louisiana | 35 | 35 | 25 | 10 | 37 | 2 | 8 |
| Maine | 67 | 61 | 27 | 40 | 64 | 5 | 34 |

Table 21. DIAGNOSTIC OR TREATMENT CENTERS $\frac{1}{2}$: Existing and Needed,
by State, January 1, 1968 -- Continued

| State | Existing Centers | | | | | Total Needed | To Be Added | To Be Modernized |
|---------------------------|------------------|---------------------------------|------------|--------------------|-----|-----------------|----------------|---------------------|
| | Total | Hospital Units $\frac{2}{3}$ | Conforming | Non- conforming | | | | |
| Maryland | 62 | 37 | 43 | 19 | 97 | 35 | 19 | |
| Massachusetts | 106 | 101 | 58 | 48 | 135 | 29 | 48 | |
| Michigan | 236 | 235 | 144 | 92 | 138 | - | 37 | |
| Minnesota | 185 | 181 | 147 | 38 | 185 | - | 38 | |
| Mississippi $\frac{3}{4}$ | 175 | 105 | 165 | 10 | 213 | 38 | 10 | |
| Missouri | 157 | 157 | 119 | 38 | 148 | 2 | 29 | |
| Montana | 63 | 62 | 23 | 40 | 64 | 1 | 40 | |
| Nebraska | 115 | 112 | 70 | 45 | 114 | 2 | 41 | |
| Nevada | 19 | 18 | 11 | 8 | 19 | - | 8 | |
| New Hampshire | 31 | 31 | 19 | 12 | 35 | 4 | 12 | |
| New Jersey | 105 | 105 | 43 | 62 | 109 | 4 | 62 | |
| New Mexico | 52 | 48 | 37 | 15 | 52 | - | 14 | |
| New York $\frac{4}{5}$ | 20 | 20 | 16 | 4 | 98 | 78 | 4 | |
| North Carolina | 155 | 154 | 94 | 61 | 144 | 1 | 52 | |
| North Dakota | 96 | 61 | 89 | 7 | 96 | - | - | |
| Ohio | 241 | 241 | 197 | 44 | 238 | 3 | 41 | |
| Oklahoma | 14 | 14 | 14 | - | 14 | - | - | |
| Oregon | 81 | 81 | 47 | 34 | 77 | - | 30 | |
| Pennsylvania | 263 | 261 | 159 | 104 | 256 | 1 | 93 | |
| Rhode Island | 20 | 20 | 11 | 9 | 20 | - | 9 | |

Table 21. DIAGNOSTIC OR TREATMENT CENTERS ^{1/}: Existing and Needed,
by State, January 1, 1968 -- Continued

| State | Existing Centers | | | | Total Needed | To Be Added | To Be Modernized |
|----------------|------------------|---------------------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total | Hospital Units ^{2/} | Conforming | Non- conforming | | | |
| South Carolina | 10 | 10 | 10 | - | 57 | 47 | - |
| South Dakota | 12 | 12 | 6 | 6 | 12 | - | 6 |
| Tennessee | 34 | 23 | 27 | 7 | 58 | 24 | 7 |
| Texas | 303 | 291 | 156 | 147 | 366 | 66 | 141 |
| Utah | 47 | 41 | 30 | 17 | 48 | 1 | 17 |
| Vermont | 22 | 22 | 12 | 10 | 14 | - | 2 |
| Virginia | 102 | 98 | 58 | 44 | 113 | 22 | 37 |
| Washington | 124 | 124 | 80 | 44 | 124 | - | 44 |
| West Virginia | 79 | 61 | 29 | 50 | 74 | 9 | 38 |
| Wisconsin | 185 | 183 | 160 | 25 | 181 | - | 25 |
| Wyoming | 29 | 28 | 19 | 10 | 30 | 1 | 10 |
| Guam | 3 | 1 | 2 | 1 | 3 | - | 1 |
| Puerto Rico | 55 | 45 | 35 | 20 | 129 | 77 | 17 |
| Virgin Islands | 5 | 5 | 2 | 3 | 5 | - | 3 |

^{1/} Represents "diagnostic or treatment centers" providing such minimum services as examination of patients by physician or dentist, clinical laboratory, and diagnostic X-ray. Includes outpatient departments and clinics.

^{2/} Represents diagnostic or treatment centers that are units of hospitals; the remaining 407 centers are "independent facilities."

^{3/} Includes facilities formerly reported as auxiliary public health facilities.

^{4/} Represents centers reported in State Plan; State Agency utilizes a more rigid definition of "diagnostic or treatment centers" than that prescribed by Hill-Burton regulations.

NOTE: While many of the "service areas" delineated by the State Agencies need additional facilities, some areas currently have "excess" facilities. Thus, State and national totals of existing facilities plus those to be added may exceed the total estimated need.

rehabilitation facilities

Significantly, a comprehensive rehabilitation pavilion to be a part of the Villa Rosa Rehabilitation Unit in San Antonio, Texas, was the 10,000th grant awarded in June 1969 under the Hill-Burton program. The Rehabilitation Unit which will be a satellite of the Santa Rose Medical Center will not only provide treatment and rehabilitative services for both the physically and mentally handicapped but the complex will become the focal point for comprehensive health care in this area.

Concerted efforts over the past 25 years have resulted in a growth in rehabilitation facilities and programs as well as an increasing awareness of the value of the rehabilitation process. While present-day facilities stem from strides made during World War II to rehabilitate disabled members of the armed forces, Federal assistance has been provided to the States for the rehabilitation of disabled persons to gainful employment since 1920.

In 1954, amendments to the Vocational Rehabilitation Act increased financial support to the Federal-State vocational rehabilitation program. Within the same year, the Hill-Burton legislation was amended to specifically authorize funds for the construction of public and voluntary nonprofit rehabilitation centers and long-term care facilities. Subsequent amendments to both the Vocational Rehabilitation Act and the Hill-Burton legislation have provided more flexibility and additional financial assistance for the expansion and improvement of rehabilitation services and facilities. In 1966, the "Conditions of Participation" developed for the certification of extended care facilities under the Medicare program recognized the need for "restorative services" being provided in such facilities. Thus, some type of rehabilitation service is now available in increasing numbers of general hospitals, nursing homes, and diagnostic or treatment centers.

Facilities Available and Needed

As of January 1, 1968, the Hill-Burton State Plans showed a total of 878 rehabilitation facilities offering medical services plus one or more of the following services: psychological, social, and vocational. Of these, 695 were classified by the State Agencies as conforming, and 183 were evaluated as nonconforming in terms of minimum standards of construction and patient safety.

The types of facilities reported in the rehabilitation category varied widely among the States, ranging from the physical therapy department of hospitals to the comprehensive rehabilitation facility offering a broad range of services for single or multiple disabilities. As Table 22 indicates, 529 or 60 percent of the facilities were units of hospitals. The remaining 349 were identified as "independent facilities."

In consultation with State Vocational Rehabilitation Agencies and local planning groups, the State Hill-Burton Agencies have estimated a need for 1,250 rehabilitation facilities for the United States and Territories. An additional 388 such facilities are needed over the next five years, and 177 facilities have been programed to be modernized or replaced.

Table 22. REHABILITATION FACILITIES $\frac{1}{2}$: Existing and Needed, by State,
January 1, 1968

| State | Existing Facilities | | | | Total Needed | To Be Added | To Be Modernized |
|----------------------------------|---------------------|---------------------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total | Hospital Units $\frac{2}{3}$ | Conforming | Non- conforming | | | |
| United States and Territories | 878 | 529 | 695 | 183 | 1,250 | 388 | 177 |
| United States | 847 | 504 | 680 | 167 | 1,216 | 385 | 161 |
| Alabama | 12 | 2 | 10 | 2 | 32 | 20 | 2 |
| Alaska | - | - | - | - | 4 | 4 | - |
| Arizona | 7 | 3 | 6 | 1 | 27 | 20 | 1 |
| Arkansas | 16 | 1 | 16 | - | 17 | 1 | - |
| California $\frac{3}{4}$ | 14 | 11 | 14 | - | 19 | 5 | - |
| Colorado | 35 | 23 | 20 | 15 | 51 | 16 | 15 |
| Connecticut | 33 | 18 | 30 | 3 | 34 | 1 | 3 |
| Delaware | 12 | 7 | 9 | 3 | 17 | 5 | 3 |
| Dist. of Col. | 18 | 11 | 17 | 1 | 18 | - | 1 |
| Florida | 53 | 24 | 43 | 10 | 62 | 9 | 10 |
| Georgia | 14 | 5 | 11 | 3 | 29 | 15 | 3 |
| Hawaii | 3 | - | 3 | - | 3 | - | - |
| Idaho | 2 | 1 | 2 | - | 2 | - | - |
| Illinois | 43 | 34 | 38 | 5 | 65 | 22 | 5 |
| Indiana | 13 | 6 | 13 | - | 15 | 2 | - |
| Iowa | 34 | 9 | 26 | 8 | 34 | - | 8 |
| Kansas | 8 | 5 | 6 | 2 | 8 | - | 2 |
| Kentucky | 7 | 1 | 6 | 1 | 10 | 3 | 1 |
| Louisiana | 10 | 3 | 10 | - | 16 | 6 | - |
| Maine | 2 | 2 | 2 | - | 3 | 1 | - |

Table 22. REHABILITATION FACILITIES $\frac{1}{2}$; Existing and Needed, by State,
January 1, 1968 -- Continued

| State | Existing Facilities | | | | Total Needed | To Be Added | To Be Modernized |
|-------------------------|---------------------|---------------------------------|------------|--------------------|-----------------|----------------|---------------------|
| | Total | Hospital Units $\frac{1}{2}$ | Conforming | Non- conforming | | | |
| Maryland | 24 | 16 | 19 | 5 | 31 | 7 | 5 |
| Massachusetts | 41 | 34 | 22 | 19 | 80 | 39 | 19 |
| Michigan | 27 | 19 | 19 | 8 | 27 | - | 8 |
| Minnesota $\frac{1}{2}$ | 5 | - | 5 | - | 5 | - | - |
| Mississippi | 2 | 1 | 2 | - | 4 | 2 | - |
| Missouri | 12 | 10 | 12 | - | 20 | 8 | - |
| Montana | 7 | 6 | 3 | 4 | 10 | 3 | 4 |
| Nebraska | 6 | 4 | 3 | 3 | 8 | 2 | 3 |
| Nevada | 2 | 1 | 1 | 1 | 2 | - | 1 |
| New Hampshire | 3 | - | 2 | 1 | 9 | 6 | 1 |
| New Jersey | 26 | 10 | 14 | 12 | 49 | 23 | 12 |
| New Mexico | 4 | 2 | 4 | - | 4 | - | - |
| New York | 33 | 27 | 25 | 8 | 65 | 32 | 8 |
| North Carolina | 12 | 8 | 12 | - | 14 | 2 | - |
| North Dakota | 2 | - | 2 | - | 8 | 6 | - |
| Ohio | 48 | 24 | 39 | 9 | 49 | 1 | 7 |
| Oklahoma | 4 | 2 | 4 | - | 5 | 1 | - |
| Oregon | 10 | 10 | 4 | 6 | 16 | 6 | 6 |
| Pennsylvania | 32 | 28 | 21 | 11 | 36 | 4 | 10 |
| Rhode Island | 7 | 6 | 3 | 4 | 10 | 3 | 4 |

Table 22. REHABILITATION FACILITIES ^{1/}: Existing and Needed, by State,
January 1, 1968 — Continued

| State | Existing Facilities | | | | Total Needed | To Be Added | To Be Modernized |
|----------------|---------------------|---------------------------------|-----------|-------------------|-----------------|----------------|---------------------|
| | Total | Hospital Units ^{2/} | Confining | Non- confining | | | |
| South Carolina | 3 | - | 3 | - | 16 | 13 | - |
| South Dakota | 3 | 2 | 3 | - | 13 | 10 | - |
| Tennessee | 34 | 23 | 32 | 2 | 39 | 5 | 2 |
| Texas | 51 | 13 | 44 | 7 | 68 | 17 | 7 |
| Utah | 4 | 4 | 4 | - | 4 | - | - |
| Vermont | 1 | - | 1 | - | 1 | - | - |
| Virginia | 9 | 4 | 4 | 5 | 19 | 10 | 5 |
| Washington | 13 | 8 | 9 | 4 | 20 | 7 | 4 |
| West Virginia | 12 | 10 | 11 | 1 | 54 | 42 | 1 |
| Wisconsin | 73 | 66 | 70 | 3 | 63 | 6 | - |
| Wyoming | 1 | - | 1 | - | 1 | - | - |
| Guam | 1 | - | 1 | - | 1 | - | - |
| Puerto Rico | 30 | 25 | 14 | 16 | 31 | 1 | 16 |
| Virgin Islands | - | - | - | - | 2 | 2 | - |

^{1/} Represents rehabilitation facilities providing (a) medical evaluation and services, and (b) psychological, social or vocational evaluation and services. In some instances States report only comprehensive rehabilitation facilities and others also report rehabilitation units of hospitals.

^{2/} Represents rehabilitation facilities that are units of hospitals; the remaining 349 are "independent facilities."

^{3/} Excludes 27 specialized or limited rehabilitation facilities.

^{4/} The State Plan indicates an additional 195 "satellite" rehabilitation facilities existing.

NOTE: While many of the "service areas" delineated by the State Agencies need additional facilities, some areas currently have "excess" facilities. Thus, State and national totals of existing facilities plus those to be added may exceed the total estimated need.

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appendix I

definitions and explanatory notes

I. HILL-BURTON STATE PLAN

The Hill-Burton State Plan is a public document for guiding and influencing development of patient care service through the construction and modernization of hospitals and related medical facilities serving each area of a State, including interstate areas. It describes the present system, including an inventory of hospitals and related health facilities serving each area of a State. It presents a coordinated, comprehensive program for the orderly development of needed health services and facilities designed to assure high quality patient care. It serves as the basis for the allocation of funds from all sources for modernization and construction purposes as well as public grants-in-aid funds for these purposes.

II. CATEGORIES OF FACILITIES INVENTORIED

The following are definitions of the categories of facilities inventoried in the Hill-Burton State Plans:

General Hospital

Any hospital for short-term inpatient medical or surgical care of illness or injury including obstetrics.

Long-Term Care Facilities

A facility providing community service for inpatient care for convalescent or chronic disease patients who require skilled nursing care and related medical services --

- (1) Which is a hospital (other than a hospital primarily for the care and treatment of mentally ill or tuberculosis patients) or is operated in connection with a hospital, or

- (2) In which such nursing care and medical services are prescribed by, or are performed under, the general direction of persons licensed to practice medicine or surgery in the State. Institutions furnishing primarily domiciliary care are not included.

In the long-term care category, the recommended subcategories are:

Skilled Nursing Home -- An independent facility (not operated by a hospital) which is designed, equipped, and staffed to provide skilled nursing care under medical direction for inpatients who are convalescing or who have chronic diseases, and who need such care.

Long-Term Care Units of Hospital -- A separate nursing unit of a hospital, which is designed, equipped, and staffed to provide skilled nursing and other services under medical supervision and direction for inpatients who are suffering from chronic diseases or who are convalescing. Special services of the parent hospital are available at all times to such a unit.

Chronic Disease Hospital -- A hospital which has an organized medical staff and provides skilled nursing and other services in facilities designed and equipped for diagnosis and treatment of inpatients who have chronic diseases. This includes, as a minimum, diagnostic X-ray and clinical laboratory departments, surgery, and complete rehabilitation facilities.

Tuberculosis Hospital

A hospital for the diagnosis and treatment of tuberculosis.

Primary Public Health Center

A publicly owned facility utilized by a local health unit for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices.

Auxiliary Public Health Facility

State or local health department laboratory and/or clinic physically separated from the central administrative office.

Diagnostic or Treatment Center

A facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients (outpatients) which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments and clinics of public or nonprofit hospitals.

Rehabilitation Facility

A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program under competent professional supervision of (1) medical evaluation and services, and (2) psychological, social, or vocational evaluation and services. The major portion of required evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or are under the general direction of, persons licensed to practice medicine or surgery in the State.

III. EXCLUSIONS FROM INVENTORIES

The Hill-Burton State Plan inventories exclude: (1) Federal hospitals; (2) mental health facilities, including psychiatric beds in general hospitals; (3) special facilities for closed population groups such as infirmaries in colleges, prisons, or industrial plants; and (4) facilities which furnish primarily domiciliary care. (NOTE: Neighborhood health centers have not been included in the Hill-Burton inventories. However, to the extent such facilities are available or under construction they will be inventoried in the 1969 State Plans "diagnostic or treatment centers" category.)

IV. BED CAPACITY

For the Hill-Burton State Plans, bed capacity is defined as "bed space assigned exclusively for inpatient care, including space originally designed or remodeled for inpatient beds even though temporarily not used for such purposes."

Existing beds are counted on the basis of square footage minimums -- 100 square feet in single rooms, 80 square feet per bed in multibed rooms, and 40 square feet per bassinets in nurseries. Bed space in all nursing units, including intensive care units and minimal or self-care units, is counted.

When units of at least 10 hospital beds are assigned for the care of patients in categories other than the primary medical service classification of the hospital, the beds are reported according to the specific service for which they are being used. For example, a unit of 10 or more long-term care beds in a general hospital is included in the count of long-term care beds.

Beds which have been approved and/or scheduled for construction under the Hill-Burton program, and beds under construction outside the program are included in order to establish their identity for planning purposes without awaiting their actual completion.

Conforming and Nonconforming Beds. -- On the basis of a plant evaluation survey of each facility, Hill-Burton State Agencies determine whether beds are conforming or nonconforming to certain minimum Federal standards relating to construction and patient safety. The total number of beds needed is determined by State Agencies on the basis of three factors -- population, projected for five years; utilization experience; and an optimum occupancy factor. Beds are classified as nonconforming by the State Agencies on the basis of hospital plant evaluations relating to: A - fire resistivity of construction; B - safety standards relating to electrical and mechanical services, exit facilities, fire alarm systems, interior finishes, vertical shafts; C - design and structural factors affecting the function of patient care units, such as room size, width of corridors; and D - design and structural factors affecting the function of service departments, such as ventilation, location, and adequacy of space and equipment.

V. SERVICE AREAS FOR PLANNING

Within each State, planning to meet community needs for health facilities is on a service area basis. Such areas are delineated by the Hill-Burton State Agency on the basis of (1) socioeconomic factors; (2) demographic factors; (3) trade areas; (4) transportation systems; (5) geographical features; (6) patterns of medical care and other related information such as patient origin data and the availability of medical and paramedical manpower.

The same areas should be used for planning general hospitals, long-term care facilities, and diagnostic or treatment centers. State Agencies are permitted to use different planning areas (usually counties) for long-term care facilities if this can be justified in the State Plan as contributing to better planning.

VI. DETERMINATION OF BEDS NEEDED

General Hospital and Long-Term Care Beds

In lieu of the bed/population ratios specified in the initial Hill-Burton legislation, the Hill-Burton State Agencies currently determine the number of beds needed on the basis of three factors: (1) population -- projected for five years; (2) utilization experience (generally patient days per 1,000 population) in each service area; and (3) an optimum occupancy factor (80 percent for general hospitals and 90 percent for long-term care facilities). Ten beds are added to the formula quotient which has the effect of providing lower occupancy rates for areas needing relatively few beds in these facilities. However, States may elect to develop their own formula for determining the number of beds needed. Any formula must be approved by the Public Health Service and include, as a minimum, area utilization experience, projected area population, and an occupancy factor not lower than those previously specified.

Tuberculosis Hospital Beds

Bed need is determined by dividing the current average daily census (ADC) of each hospital by 0.80 (occupancy factor). A higher factor may be used, but not a lower one.

VII. BEDS TO BE ADDED

Represents the total number of beds programed to be added to meet the needs of the various service areas within a State. In some areas, the total existing beds exceed the total beds needed. Thus, these areas report "excess beds" and therefore have not programed any additional beds. Where desirable, a merger of facilities and services is encouraged in order to eliminate excess beds.

VIII. BEDS TO BE MODERNIZED

Represents the number of nonconforming beds which have been programed for modernization or replacement.

Table 23. POPULATION: Estimates Used
for 1968 Hill-Burton State Plans

| State | Civilian Population (000's) | | Population Aged 65 and Over (000's) | |
|-------------------------------|-----------------------------|-----------------|-------------------------------------|----------------------|
| | July 1, 1966 | 1972 Projection | July 1, 1966 | 1972 Projection |
| United States and Territories | 196,401 | 216,233 | 18,612 | 20,415 $\frac{1}{2}$ |
| United States | 193,634 | 212,894 | 18,450 | 20,207 |
| Alabama | 3,483 | 3,739 | 289 | 318 |
| Alaska | 241 | 256 | 7 | 7 |
| Arizona | 1,598 | 2,089 | 123 | 157 |
| Arkansas | 1,946 | 2,089 | 211 | 226 |
| California | 18,529 | 22,174 | 1,611 | 1,863 |
| Colorado | 1,941 | 2,284 | 172 | 188 |
| Connecticut | 2,863 | 3,162 | 269 | 294 |
| Delaware | 505 | 573 | 40 | 45 |
| Dist. of Col. | 792 | 889 | 73 | 81 |
| Florida | 5,842 | 7,332 | 743 | 911 |
| Georgia | 4,350 | 4,725 | 327 | 373 |
| Hawaii | 667 | 713 | 38 | 42 |
| Idaho | 689 | 764 | 64 | 65 |
| Illinois | 10,660 | 11,513 | 1,059 | 1,122 |
| Indiana | 4,909 | 5,301 | 471 | 498 |
| Iowa | 2,746 | 2,851 | 345 | 334 |
| Kansas | 2,218 | 2,285 | 257 | 256 |
| Kentucky | 3,140 | 3,283 | 314 | 332 |
| Louisiana | 3,562 | 3,960 | 270 | 312 |
| Maine | 958 | 1,002 | 111 | 116 |

Table 23. POPULATION: Estimates Used
for 1968 Hill-Burton State Plans -- Continued

| State | Civilian Population (000's) | | Population Aged 65 and Over (000's) | |
|----------------|-----------------------------|-----------------|-------------------------------------|-----------------|
| | July 1, 1966 | 1972 Projection | July 1, 1966 | 1972 Projection |
| Maryland | 3,543 | 3,994 | 261 | 313 |
| Massachusetts | 5,342 | 5,749 | 607 | 636 |
| Michigan | 8,353 | 8,871 | 713 | 767 |
| Minnesota | 3,570 | 3,881 | 391 | 385 |
| Mississippi | 2,299 | 2,517 | 204 | 220 |
| Missouri | 4,470 | 4,638 | 529 | 548 |
| Montana | 694 | 763 | 67 | 68 |
| Nebraska | 1,442 | 1,541 | 175 | 173 |
| Nevada | 446 | 497 | 24 | 34 |
| New Hampshire | 675 | 734 | 73 | 79 |
| New Jersey | 6,843 | 7,624 | 640 | 728 |
| New Mexico | 942 | 1,141 | 59 | 66 |
| New York | 18,222 | 19,578 | 1,893 | 2,107 |
| North Carolina | 4,883 | 5,229 | 362 | 413 |
| North Dakota | 638 | 663 | 62 | 63 |
| Ohio | 10,285 | 11,254 | 957 | 1,016 |
| Oklahoma | 2,420 | 2,588 | 272 | 287 |
| Oregon | 1,949 | 2,067 | 206 | 215 |
| Pennsylvania | 11,562 | 12,069 | 1,198 | 1,313 |
| Rhode Island | 876 | 929 | 95 | 105 |

Table 23. POPULATION: Estimates Used
for 1968 Hill-Burton State Plans -- Continued

| State | Civilian Population (000's) | | Population Aged 65 and Over (000's) | |
|----------------|-----------------------------|-----------------|-------------------------------------|-----------------|
| | July 1, 1966 | 1972 Projection | July 1, 1966 | 1972 Projection |
| South Carolina | 2,506 | 2,735 | 172 | 197 |
| South Dakota | 676 | 750 | 78 | 76 |
| Tennessee | 3,852 | 4,128 | 342 | 383 |
| Texas | 10,564 | 11,610 | 978 | 970 |
| Utah | 1,004 | 1,188 | 70 | 76 |
| Vermont | 405 | 449 | 44 | 48 |
| Virginia | 4,332 | 4,773 | 326 | 380 |
| Washington | 2,926 | 3,267 | 301 | 319 |
| West Virginia | 1,774 | 1,775 | 183 | 193 |
| Wisconsin | 4,157 | 4,529 | 445 | 459 |
| Wyoming | 325 | 379 | 29 | 30 |
| Guam | 66 | 90 | 2 | 1/ |
| Puerto Rico | 2,657 | 3,187 | 158 | 205 1/ |
| Virgin Islands | 45 | 62 | 2 | 3 1/ |

1/ Excludes Guam. U.S. Bureau of the Census certified estimates not available for the Territories.
1972 projections of aged population in Puerto Rico and Virgin Islands represent estimates shown
in respective Plans.

appendix II

7

8

hospital plant evaluation forms

GUIDELINES FOR COMPLETING HOSPITAL PLANT EVALUATION FORMS

For the convenience of the State Agency in the collection of data necessary to complete the physical plant evaluation process, the forms have been subdivided into a number of discrete parts. The first page is to be used to supply information on the chronology and history and its bed size, services, and general construction characteristics. Parts A and B are to be used to provide information on standards relating to general building construction, Part C for standards related to structural deficiencies that directly affect the function of the nursing units, and Part D for standards relating to structural deficiencies that affect the function of several selected service departments.

To minimize the time and effort of the State agency in the collection of information, the agency may request the hospital to provide some of the basic data needed for this survey if this data is not readily available in record drawings, which would be the case for recently built Hill-Burton projects. This request for information can be made at the time the survey appointment is made.

Chronology and History, page 1, and Bed Count Information, page 4, will provide the required presurvey information. Each identifiable building, wing, or unit of a hospital should be evaluated separately. To aid in this evaluation, an outline of a hospital building is required. This may be sketched in the blank space provided on page 1, or may be prepared on a separate sheet. The building should be listed by units according to construction phases. The oldest portion should be labeled Unit 1. The next portion constructed should be labeled Unit 2, and so forth. The sketch plan should also contain the general location of exits, stairways, and elevators. The form on page 1 should be completed by providing appropriate information for each separate building unit. The approximate year of construction would be given in column 2. Column 3 would describe the height of each building unit. For example, "2 plus B" in column 3 would indicate that the unit contains two stories plus a basement. A checkmark in either column 4 or 5 would indicate whether the basic construction is considered fire resistive by the hospital authorities. If a checkmark is placed in column 5, a brief description should be placed in the remarks column (number 14) indicating why the building is considered nonfire-resistive. Column 6 would show the number of inpatient beds in each unit. Columns 7 and 13 inclusive would show the departmental services that are to be evaluated. A checkmark in the appropriate column and line would identify the location of the service department within the hospital building.

Guidelines for completing hospital plant evaluation forms (continued)

The rest of the presurvey information should be provided on page 4. Additional copies of page 4 will be furnished as required. The patient room data needed to make the bed count should be listed in columns 1 to 5 inclusive and shall be provided for each room in the hospital. Each room should be listed on a separate line. Column 1 would contain the identification of the room by floor location. The identification of building, wing, or unit is made on a line at the top of the page. Column 2 would describe the type of patient assigned to the room such as medical and surgical, pediatrics, and obstetrics. Column 3 would be the patient room number and column 4 would be the clear usable dimensions of the room excluding the vestibule and toilet areas as well as large closets. Column 5 would be the area of the room. For rooms of unusual shapes such as hexagonal or trapezoidal, only column 5 need be filled in. This concludes the presurvey phase. The remainder of the form will be completed during the actual survey of the hospital building.

Part A. General Classification on the top of page 2, is an attempt to reference the construction of a building, wing, or unit to the current requirements under the Hill-Burton program. A building that complies with the fire-resistive requirements of Appendix A should be listed as conforming whereas one that does not comply with the requirements of Appendix A must be listed as nonconforming. A building, wing, or unit that has been noted as nonconforming in Part A need not be considered further. Only those buildings, wings, or units rated as conforming in Part A should be evaluated in Part B.

Part B. Safety Standards, pages 2 and 3 outline a set of safety standards relating to the structural, fire safety, mechanical, and electrical aspects of the building as a whole. Each of the deficiencies listed in Part B are "partial deficiencies" that affect only a portion or element of the building and conceivably can be corrected, usually at a reasonable cost. Only one of the point values listed in the forms should be used for each item. Intermediate values between those shown should not be used. The surveyor should use the blank spaces adjoining the items for notes that indicate the types of deficiencies found on this project if they are not covered adequately in the item.

Item 1, for instance, deals with a building construction that is generally fire-resistive but has limited portions or elements of nonfire-resistive construction. It is assumed that these deficiencies are correctable within reason. If the deficiencies are so extensive that it is not feasible to correct them, the building would probably have been placed in the nonconforming category of Part A.

Guidelines for completing hospital plant evaluation forms (continued)

Item 2 of Part B relates to the character of the interior finish of the building. If combustible acoustical materials are used on the ceiling or excessive amounts of combustible trim are used on the walls of the building, assign the appropriate point values given on the forms.

Item 3 relates to the adequacy of the exit facilities for the building. For purposes of this survey, a nonconforming building under Part A shall be considered as a nonexistent building and any exit facilities in such a nonconforming building shall not be considered available for use by any other portion of the facility. In connection with the last part of this item, windows that cannot be opened from the inside of the building for ventilation purposes should be considered as improper windows in patient rooms.

Item 4 deals with the proper fire-resistive enclosure of all vertical shafts in the building. If the vertical shaft is improperly constructed and opens on an exit corridor, the full point value should be given. An improperly constructed shaft that is located in a separate room and can be cut off from the patient area by a solid-type door (not necessarily an approved fire door) presents a lesser hazard and therefore the intermediate point value should be given in this case.

Item 5 relates to the subdivision of the patient areas into two or more compartments by suitable smoke-stop partitions and smoke doors where such partitions cut across corridors.

Item 6 deals with possible deficiencies that may be encountered in door construction in the sensitive locations.

Item 7 relates to the need for internal fire-alarm system within the hospital building. For the purpose of this evaluation, the small one-story hospital of less than 25 beds may be excused from this requirement.

Item 8 deals with the general condition of the electrical services within the hospital building. The electric distribution system is considered inadequate if, by visual inspection, one observes that many extension cords and multi-outlet adapters are pressed into service to provide electricity to the needed hospital equipment. The emergency electric power supply is inadequate if the emergency generator is undersized.

Guidelines for completing hospital plant evaluation forms (continued)

Item 9 is a general question relating to the adequacy of the mechanical services for the entire building.

The total deficiency point score, which is the cumulative addition of the points assessed for each question, should be listed for each building, wing, or unit. The plant evaluation rating for each building, wing, or unit is obtained by subtracting the deficiency point score from 125. Each building, wing, or unit is then labeled as conforming or nonconforming on the basis of its relation to 75. A rating of 75 or more for a building, wing, or unit would place it in the conforming category.

Part C. Evaluation of Nursing Units on page 4 is an attempt to assess the adequacy of the individual patient rooms on the basis of building standards that may have an effect on nursing care. Column 6 should indicate the normal bed capacity of the individual room on the basis of the area of the room. Each room, regardless of size, that contains a bed and is properly equipped for nursing care shall be shown in this column. Rooms that contain up to 155 square feet shall be listed as having bed capacity of 1 bed; and multibed rooms shall be assigned on the basis of 80 square feet per bed. Columns 7 to 15, inclusive, list requirements that affect the adequacy of the patient room for nursing care. A checkmark shall be placed in the columns that apply for each room.

Column 7 should show whether a nurses' call is available to each bed. This is particularly applicable to multibed rooms where the beds are located along different walls of the room and only one nurses' call station is provided in the room. In this case, the number of beds that lack nurses' call facilities in a particular room should be noted in this column.

Column 8 should be checked for all rooms that contain less than 100 square feet. Rooms with less than 100 square feet are considered nonconforming. If a room contains less than 100 square feet, but is so designed (and has such built-in equipment) that good patient care may be provided, it may be listed as conforming. This decision should be made after consultation with hospital officials including personnel who are responsible for patient care in the nursing unit.

Column 9 should be checked for patient rooms that are placed below grade level. For this survey, it is considered permissible to have the ground level not higher than the normal window-sill height, which is usually 32 inches above the floor of the room.

Guidelines for completing hospital plant evaluation forms (continued)

Column 10 should be checked for each patient room that does not have a window to the outside.

Column 11 should be checked for each room that does not have direct access to a corridor. This would not preclude the use of subutility room between the corridor and the patient room such as that used in isolation suites, but is intended to prevent the interposition of some other occupied areas in this location.

Column 12 should be checked for each room that is served by a corridor less than 7 feet wide.

Column 13 should be checked if a nurses' station is not accessible and available to each patient room. This applies particularly to rooms that are remotely located with respect to the nurses' station. In some hospitals that have been remodeled and have added beds to increase the size of nursing units, the patient rooms are in excess of 120 feet distant from the nurses' station. In other cases, patient rooms have been located on floor levels other than the one on which the nursing unit is located. In situations like this, we would consider that such remote beds should be checked off as lacking a nurses' station. Similarly, rooms that are distantly located with respect to a utility room can be considered as lacking a utility room and so noted in column 13.

Column 14 should be checked if toilet, bedpan, bath, or handwashing facilities in a patient unit are inadequate. Nursing units where individual toilets are not provided for each room should be provided with one or more toilet rooms available to the patients. One water closet for each 8 patients should be used as a guide for the number required. As a minimum, one bathtub should be provided for each nursing unit of average (35-bed) size. For handwashing facilities, it is considered adequate for this survey to have lavatories in corridors located conveniently to each patient room.

Column 15 should be checked if the nursing units do not connect by elevator to the main admitting floor and to the surgery, delivery, and adjunct facilities, if these are located on other floors.

Any room that contains a deficiency mark under columns 7 to 15, inclusive, should be considered a nonconforming room, and the beds listed as the bed capacity under column 6 should then be indicated under column 16 as the number of nonconforming beds.

Guidelines for completing hospital plant evaluation forms (continued)

Summary for Part C, page 5, is provided to gather on one page, totals from the several pages of Part C (page 4).

Part D, Evaluation of Service Departments, pages 6 and 7, is an evaluation of the structural deficiencies that may affect the function of a number of service departments of the hospital.

Section I on page 6 covers the surgical suite. The point scoring system allows a choice of two values. If the answer to the question asked is no, the value 0 should be circled; if the answer to the question is yes, the numerical value indicated should be circled. For the first item, "Location," if the surgical suite is located in a building, wing, or unit that is nonconforming under the Part A evaluation, the surgical suite should be considered nonconforming and should be assigned a 26 point value. In this case, detailed evaluation of the succeeding questions is not required. The items in this section are self-explanatory, and additional discussion of them at this time seems unnecessary. The subtotal of deficiency points accumulated in the surgical suite should be noted at the bottom of the section. It is suggested that notes for future reference be made at the time of inspection, indicating the types of deficiencies, degrees of deficiencies, and any other pertinent information that would be useful in the event this particular hospital should become a future Hill-Burton project. For instance, the deficiency should be underscored or otherwise noted, if necessary, to make it clear.

Section II, Maternity Services Department, includes the delivery suite, nursery, and formula room. The same general comments apply as to the surgical suite. Under formula room, however, it should be recognized that even though the hospital does not prepare its own formulas, a separate space and equipment should be provided for processing the commercial formulas.

Section III, Radiology Department. A radiology department should be provided in each hospital. Where there is no radiology department, the full point value should be checked. If item "a" is given the full point value, the remaining items need not be checked. The remaining questions appear to be self-explanatory.

Section IV, Laboratory Department. Each hospital should have adequate laboratory facilities, space, and equipment for the volume of laboratory work performed in the hospital. The surveyor shall determine, on the basis of its present performance, whether the laboratory department has outgrown its quarters and assign appropriate point values on this judgment. If item "a" under this section is given the full point value, the remaining items need not be checked.

Guidelines for completing hospital plant evaluation forms (continued)

Section V, Central Sterilizing and Supply Department. These items need no comment.

Section VI, Dietary Department. Item "b" reflects the need for a dishwashing space separate from the food preparation area, and for having the clean dishes discharge outside the dishwashing room into a clean area. Item "f" indicates that dietary personnel should have either a separate dining room or should be allotted space in the main dining facility.

Section VII, Laundry and Linen Department. It is recognized that a hospital may contract its laundry service to a commercial laundry, and this consideration is provided for in this section. Items "a," "b," and "c" would apply whether the laundry is on the premises or not.

The subtotals of deficiency points for the seven departments should be added up and should comprise the total deficiency point score for the service departments. The plant evaluation rating of the service departments should be obtained by subtracting the total deficiency point score from 95, and if the resultant rating is 75 or more the service department shall be considered as conforming.

Plant Evaluation Summary Worksheet, page 8, is to be used to supply all information on bed distribution of conforming and nonconforming beds in the hospital.

The totals for line 1 will be obtained from the total column on page 5, Part C.

All the beds in buildings, wings, or units that are established as being nonconforming under Part A, page 2, shall be listed on line 2.

All the beds in buildings, wings, or units that are established as being nonconforming under Part B, page 3, shall be listed on line 3.

The figures listed in column 4 of Part C, Nonconforming Beds, page 5, shall be inserted on line 4.

Line 5 should show the total of lines 2, 3, and 4.

Guidelines for completing hospital plant evaluation forms (continued)

Line 6 should show the difference between line 1 and line 5.

If the service departments are found to be nonconforming on page 7, 50 percent of the total beds listed on line 6 should be entered on line 7.

Line 8 should show the difference between lines 6 and 7.

Name of Hospital _____

Type _____

Location _____

Administrative _____

Surgeon _____

Date _____

HOSPITALS

Race Evaluation
CIVILITY AND HISTORY

| Bldg- Ving or Slt | Year Built | Number of Stories | Fire- Resistive Construction | | Number of Ignition Tests | Location of Service Departments | | | | | | | | Remarks |
|----------------------------|---------------|----------------------|------------------------------------|----|-----------------------------|---------------------------------|-------|-------|------|------|--------|-------------|----|---------|
| | | | Yes | No | | Eng. | Mech. | Radi. | Lab. | Stn. | C.S.S. | Laun- d. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |

attach key plan below (show stairs, elevators and building wings, or unit identification by name and number).

Name of Hospital _____
Location _____

Surveyor: _____
Date: _____

Phase Evaluation - Parts II and III

FACTORS RELATING TO ADEQUACY OF EXISTING BUILDINGS
FOR HOSPITAL AND MEDICAL FACILITY PURPOSES

PART A. GENERAL CLASSIFICATION

BUILDING, WING, OR UNIT

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------|---|---|---|---|---|---|---|---|
| Gelembey | | | | | | | | |
| Nezmetiye | | | | | | | | |

In type of construction obviously unsuitable for hospital and medical purposes (e.g. if major portions are of unprotected wood construction, building is "nonconforming"). A conforming building must be constructed in accordance with the fire-safety requirements of Appendix A (i.e., a one-story building built of at least one-hour fire-resistive construction, or a multi-story building built of approved noncombustible fire-resistive construction).

Fill out PART 9 only for sites at buildings rated as "contaminated" in "PART A."

PART II. SAFETY SIGNALING

BUILDING, WING, OR UNIT

[illegible]

1 Questionnaire 6 of 30

Assign 10 points if building is generally of fire-resistant construction but has one or more features such as: (1) a multi-story building with wood roof structure, and floors, walls and partitions other than fire-resistant; (2) a multi-story fire-resistant building with wooden bearing members wood framed partition; (3) a building in which only a small portion (less than 10%) is of non-fire-resistant construction; (4) a building of noncombustible construction which is not adequately fire-resistant; (5 g., apartment hotel) because another column is.

2. Interior Finish: Flame Spread 0 or 15 or 25

Assign 15 points if combustible acoustic tile or similar fixtures are used in walls, ceilings, or floors. Assign 15 points if such material is used only in ceiling space and is not exposed.

3. Exit Facilities 0 of 10 pages

Assign 15 points if building has inadequate number of exits or egress doors, or egress door dead bolt, corridor, assign 10 points if stairs are not of proper size or arrangement, or lack of exit signs, or improper windows in egress route.

Use requirements listed in Building Code of NEMA as a guide.

4 Physical Skills 0 of 10 of 15

Assign 15 points if proper construction (excluding face-plant) is not provided for any vertical shafts such as stairways, elevators, chutes/drawers, trapdoors, laundry chutes, rubbish chutes, utility chutes. Assign 10 points if each improperly constructed shaft is separated from patient area by an additional solid base floor.

4 Experimentation 6 of 6 pg 16

Assign 18 points if no smoke barriers are provided, assign 6 points if inadequate numbers of smoke barriers are provided or if concealed spaces (such as those above a suspended ceiling) are not substituted.

Use NHTA Building Entry Code as guide.

Name of Hospital _____

Location _____

BUILDING, WING, OR UNIT

6. Interior Doors

0 or 3 or 5

Assign 5 points if patient room doors are not solid wood type, or if provided with louvers, grill or operable louvers, or if fire doors are not used in storage areas, below and in procedure rooms. Assign 3 points if plastic glass view windows are used in corridor wall openings or if non-labeled fire doors are used in locations where labeled fire doors are required.

7. Fire Protection and Hazards

0 or 3 or 5

Assign 5 points if building has an internal fire alarm system or if there are any significant corridors towards both as combustible structure adjacent to hospital. Assign 3 points for building with partial or substandard fire alarm system.

8. Electrical Services

0 or 5 or 10

Assign 10 points if (a) the hospital observed observation system is in-adequate and if (b) the emergency electrical system - including emergency power supply - is inadequate. Assign 5 points if either of the above items is inadequate.

9. Mechanical Services

0 or 5 or 10

Assign 10 points if the following equipment is both (a) inadequate in size and (b) inaccessible for servicing: heating boilers, domestic hot water heaters, process waste generators, ventilating equipment, incinerators, and waste disposal facilities. Assign 5 points if either (a) or (b) above criteria.

TOTAL DEFICIENCY POINT SCORE

PLANT EVALUATION RATING

(35 minus deficiency point score)

Rating of 25 or more
is conforming

Conforming

Nonconforming

Part Evaluation - Part D -- SERVICE DEPARTMENTS

| SERVICES | POINTS/POSSIBLE | DEFICIENCIES | POINTS/POSSIBLE |
|--|-----------------|--|-----------------|
| 1. SURGICAL SUITE - Location 1/ | 0 or 36 | RE. RADIOLOGY DEPARTMENT - Location 1/ | 0 or 30 |
| a. Locked controlled access | 0 or 4 | a. There is no Radiology Department. 3/ | 0 or 30 |
| b. Locker rooms, clean-up, scrub-up, and patient's clothes are not completely separated from, and are shared with other departments (except locker rooms in hospital of 50 beds or under). | 0 or 4 | b. Rooms containing fixed X-ray equipment or rooms in which radioscopes or radars are used or stored do not have proper shielding per National Bureau of Standards Handbook 70 and 76. | 0 or 2 |
| c. Locks conductive floor, upgraded electrical service, approved electrical system including switches and outlets, as required by NFPA Bulletin No. 98. | 0 or 4 | c. X-ray installations are not shielded and are not in accordance with National Electrical Code, Article 480. | 0 or 1 |
| d. Locks direct access to each operating room from suite corridor or transfer room. | 0 or 2 | d. Locks waiting room or alcove for patients, locker dressing rooms for patients. | 0 or 1 |
| e. Locks required ventilation system, including required humidity control. | 0 or 2 | e. Locks toilet rooms for patients immediately adjacent to X-ray suite. | 0 or 1 |
| f. Corridors and doors are not wide enough to maneuver stretchers carts (corridors - 7'; doors - 3'6"). | 0 or 1 | f. Corridors and doors are not wide enough to maneuver stretchers carts (corridors - 7'; doors - 3'6"). | 0 or 1 |
| g. Suite is not accessible vertically (by elevator) or horizontally (by enclosed hallway, vestibule, corridor, 7' wide, between buildings) 3/ | 0 or 4 | g. Department is not accessible to inpatients and outpatients, vertically (by elevator) or horizontally (by enclosed, heated, vestibule corridor, 7' wide, between buildings) 1/ | 0 or 1 |
| h. Space and equipment are not consistent with the program requirements. | 0 or 5 | h. Department lacks required ventilation. | 0 or 1 |
| SUBTOTAL - Deficiency points | | i. Space and equipment are not consistent with program requirements. | 0 or 1 |
| 2. MATERNITY SERVICES DEPARTMENT DELIVERY SUITE - Location 1/ | 0 or 36 | SUBTOTAL - Deficiency points | |
| a. Locked controlled access | 0 or 4 | IV. LABORATORY DEPARTMENT - Location 3/ | 0 or 9 |
| b. Locker rooms, clean-up, scrub-up, and patient's clothes are not completely separated from, and are shared with other departments (except locker rooms in hospital of 50 beds or under). | 0 or 4 | a. There is no Laboratory Department. 5/ | 0 or 9 |
| c. Locks conductive floor, upgraded electrical service, approved electrical system including switches and outlets, as required by NFPA Bulletin No. 98. | 0 or 4 | b. Space and equipment are not consistent with laboratory procedures performed. | 0 or 5 |
| d. Locks direct access to each labor and delivery room from suite corridor or transfer room. | 0 or 2 | c. Space for collection of specimens is not accessible to outpatients, vertically (by elevator) or horizontally (by enclosed, heated, vestibule corridor, 7' wide, between buildings) 1/ | 0 or 2 |
| e. Locks required ventilation system, including required humidity control. | 0 or 2 | d. Locks required ventilation. | 0 or 2 |
| f. Corridors and doors are not wide enough to maneuver stretchers carts (corridors - 7'; doors - 3'6"). | 0 or 1 | SUBTOTAL - Deficiency points | |
| g. Suite is not accessible vertically (by elevator) or horizontally (by enclosed, heated, vestibule, corridor, 7' wide, between buildings) 3/ | 0 or 4 | V. CENTRAL STERILIZATION AND SUPPLY DEPARTMENT - Location 1/ | 0 or 5 |
| h. Space and equipment are not consistent with the program requirements. | 0 or 5 | a. Locks work space. | 0 or 1 |
| SUBTOTAL - Deficiency points | | b. Locks sterilizing space and equipment. | 0 or 1 |
| 3. NURSERY - Location 3/ | 0 or 6 | c. Locks separate space for storage of sterile supplies. | 0 or 1 |
| a. Locked controlled access | 0 or 2 | d. Locks separate space for storage of unsterile supplies (not both stored). | 0 or 1 |
| b. Locks breastfeeding facilities | 0 or 2 | e. Locks required ventilation. | 0 or 1 |
| c. Locks separate wait area | 0 or 2 | SUBTOTAL - Deficiency points | |
| 4. FORMULA ROOM - Location 1/ | 0 or 2 | VI. DIETARY DEPARTMENT - Location 1/ | 0 or 5 |
| a. Does not provide separate space and equipment, including breastfeeding facilities for processing infant formulas. | 0 or 2 | a. Space ventilation and equipment are not consistent with food service needs. | 0 or 3 |
| SUBTOTAL - Deficiency points | | b. Locks separate dishwashing space. | 0 or 2 |
| | | c. Department does not have access to inpatients vertically (by elevator) or horizontally (by enclosed, heated, vestibule, vestibule corridor between buildings) 1/ | 0 or 1 |
| | | d. Locks breastfeeding facilities. | 0 or 1 |
| | | e. Locks separate bulk food storage space or sufficient refrigerated storage space. | 0 or 1 |
| | | f. Dining room is not available for patients. | 0 or 1 |
| | | SUBTOTAL - Deficiency points | |

Name of Hospital _____
 Location _____

DEFICIENCY POINTS

| | |
|---|--------|
| 1. LAUNDRY AND LINEN DEPARTMENT - Location 1/ | 0 or 1 |
| a. Lacks separate segregated linen room. | 0 or 1 |
| b. Lacks separate clean linen and soiled room | 0 or 1 |
| c. Lacks required ventilation | 0 or 1 |

TOTAL DEFICIENCY POINT SCORE _____

SERVICE DEPARTMENTS PLANT
 EVALUATION RATING
 (0 means deficiency point score) _____

Rating of 75 or more is satisfactory

Summary - Deficiency points

SERVICE DEPARTMENTS: Conforming _____
 Nonconforming _____

1/ Location - If department is located in a building, wing, or unit which is nonconforming under Part A, assign maximum points and do not evaluate further.

2/ Accessibility by elevator - If department is located on any level different from patient access to the building or from any designated meeting unit, an elevator, of adequate size and in good working condition is required. For Outpatient Department a wheelchair is an acceptable substitute.

3/ Radiology department - A portable X-ray unit does not constitute a radiology department. Minimum radiology department is one diagnostic room with fixed mounted diagnostic unit plus space and equipment for processing films.

4/ Laboratory department - Minimum laboratory department is space and equipment for venipuncture and basic hematology.

NOTES

Name of Hospital _____ Administrator _____

Location _____ Surveyor _____ Date _____

PLANT EVALUATION-SUMMARY WORKSHEET

Bed Distribution

| | Building, Wing or Unit Number | | | | | | | | Total |
|---------------------------------|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| (1) Bed Capacity | | | | | | | | XXX | |
| (2) Nonconforming - Part A | | | | | | | | | XXX |
| (3) Nonconforming - Part B | | | | | | | | | XXX |
| (4) Nonconforming - Part C | | | | | | | | | XXX |
| (5) Total Nonconforming - A-B-C | | | | | | | | XXX | |
| (6) Balance Conforming | | | | | | | | XXX | |
| * (7) Nonconforming - Part D | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| (8) Total Conforming | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

* 50% of Line (6) TOTAL

